

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K95622** (2)

1. Corporation Name
REG ARCHITECTS, INC.

Principal Place of Business: **RICARDO E. GONZALEZ, JR. 319 CLEMATIS STREET, SUITE 405 WEST PALM BEACH FL 33401**
Mailing Address: **RICARDO E. GONZALEZ, JR. 319 CLEMATIS STREET, SUITE 405 WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/14/1989** 3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0130307** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 **330 CLEMATIS ST.** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 114** 27
City & State City & State
23 **WEST PALM BEACH, FL.** 28
Zip Country Zip Country
24 **33401** 25 **Palm BEACH** 29 30

9. Name and Address of Current Registered Agent
GONZALEZ, RICARDO E. JR. 735 ARDMORE WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept full responsibility for, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-19-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nominating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RICARDO E. JR.	1.2 NAME	
STREET ADDRESS	735 ARDMORE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RICHARDO E., S	2.2 NAME	
STREET ADDRESS	325 WINTERS ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LAURA L.	3.2 NAME	
STREET ADDRESS	325 WINTERS ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, KAREN	4.2 NAME	
STREET ADDRESS	735 ARDMORE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: *[Signature]* **RICK GONZALEZ** DATE: **4-19-95**
Signature and typed or printed name of signing officer or director