

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # L53772

(4)

1. Corporation Name

M.A. MUIR ASSOCIATES, INC.
ARCHITECT,

Principal Place of Business

18 SOUTHERN CROSS CIRCLE
#101
BOYNTON BEACH FL 33436
US

Mailing Address

18 SOUTHERN CROSS CIRCLE
SUITE 101
BOYNTON BEACH FL 33436-6788
US



2. Principal Place of Business

21 9806 CALLAN COURT
Suite, Apt. #, etc.

2a. Mailing Address

26 9806 CALLAN COURT
Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH FL
Zip Country

City & State

28 BOYNTON BEACH FL
Zip Country

24 33437

25 USA

29 33437

30 USA

3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0182400

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

9. Name and Address of Current Registered Agent

MARK A. MUIR

18 SOUTHERN CROSS CIRCLE
SUITE 101
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 9806 CALLAN COURT

84 City

FL

85 Zip Code
33437

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, or both, 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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark A. Muir

(NOTE: Registered Agent signature required when reinstating)

4/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MUIR, MARK A.
STREET ADDRESS 18 SOUTHERN CROSS CIRCLE, SUITE 101
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE
NAME MUIR, LAURA E.
STREET ADDRESS 18 SOUTHERN CROSS CIRCLE, SUITE 101
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9806 CALLAN CT.
1.4 CITY-ST-ZIP 33437

2.1 TITLE VICE-PRESIDENT ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9806 CALLAN CT.
2.4 CITY-ST-ZIP 33437

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

Mark A. Muir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

DATE

561-994-2022

Daytime Phone #

0320704

CR2E034 (9/96)