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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N00266 (9)
1. Corporation Name
ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.



Principal Place of Business: 830 WOODCOCK RD STE 226 ORLANDO FL 32803 US
Mailing Address: 830 WOODCOCK RD STE 226 ORLANDO FL 32803-3713 US

3. Date Incorporated or Qualified: 12/08/1983
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: 59-2721141
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
RODRIGUEZ, MICHAEL W.
1265 S SEMORAN BLVD, #1254
WINTER PARK FL 32792

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 Section 617.0502 and 617.1508, 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 agree to the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Michael W. Rodriguez* Michael W. Rodriguez 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	COHN, SANFORD	145 LINCOLN AVE	WINTER PARK FL	
	P RODRIGUEZ, MICHAEL W.	1265 S SEMORAN BLVD, #1254	WINTER PARK FL	
	S UDENZE, ROLAND	135 W CENTRAL AVE, #300	ORLANDO FL	
	D MCMILLEN, BRUCE	222 W MAITLAND BLVD	MAITLAND FL	
	D SULLIVAN, CATHERINE	200 S ORANGE AVE, #1240	ORLANDO FL	<input checked="" type="checkbox"/> DELETE
	D SMELTZ, DENNIS	201 E PINE ST, #200	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Douglas Walton
5.3 STREET ADDRESS	401 S. Rosalind Ave.
5.4 CITY-ST-ZIP	Orlando, FL 32801
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Jim K. Foley* Exec. Director 4/30/97 407-899-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018399

CR2E037 (9/96)