

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

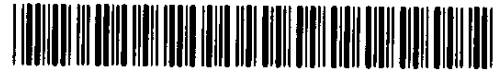
PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P02792 (0)**

1. Corporation Name  
**GEORGE STAVROPOULOS & ASSOCIATES, A PROFESSIONAL CORPORATION**



Principal Place of Business: **STAVROPOULOS ASSOCIATES ARCHITECTS  
1000 POTOMAC ST. NW TERRACE LEVEL  
WASHINGTON DC 20007**

Mailing Address: **STAVROPOULOS ASSOCIATES ARCHITECTS  
1000 POTOMAC ST. NW TERRACE LEVEL  
WASHINGTON DC 20007**

3. Date Incorporated or Qualified: **07/23/1984**      3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>54-1246096</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ENGELBERG, MORRIS  
125 WORTH AVENUE  
PALM BEACH FL 33480**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAVROPOULOS, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>1000 POTOMAC ST NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARDINI, RONALD</b>	2.2 NAME	
STREET ADDRESS	<b>1000 POTOMAC ST NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAVROPOULOS, NORA</b>	3.2 NAME	
STREET ADDRESS	<b>1000 POTOMAC ST NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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:**

*Nora Stavropoulos*

**NORA**

**STAVROPOULOS 4/19/96**

**202 835 0390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)