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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034321

1. Corporation Name

ASSOCIATED ARCHITECTS INC.						
Principal Place	of Business	Mailing Address				I (BAILER III IAIA MIN BEN ANN BAN BAN BAN BAN BAN BAN BAN BAN BA
PO BOX 540308 PO BOX 540308						
MERRITT ISLAND FL 32954 MERRITT ISLAND FL 32954						DO NOT WOITE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
						05/10/1993
2. Principal Place of Business 2a. Mailing Address					:	4. FEI Number Applied For
h	ace of Business		Mailing Address			59-3191787 Not Applicable
Suite, Apt. :	Suite, Apt. #, etc.				\$8.75 Additional	
22	, , , , , , , , , , , , , , , , , , , 	27	1			5. Certificate of Status Desired Fee Required
City & State	City & State	City & State			=6.=Election.Campaign.Financing \$5:00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip				try		8. This corporation owes the current year Intangible
24	25	29 30	0			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				31	Name	
BARCANT, KEVIN			1	32	Street Addres	ss (P.O. Box Number is Not Acceptable)
l	ANTIGUA DRIVE					
COC	OA BEACH FL 32931		[8	33		
			1	34	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						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
0.0	Signature, typed or printed name of registered agent a		_	gent s	signature required v	
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 πτυ			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TπιE	PD PARCANT KENTA					
NAME	5, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		1.2 NAM			
STREET ADDRESS	•••		•		DORESS	
CITY-ST-ZIP			1.4 CITY 2.1 TITL		ZIP	☐ Change ☐ Addition
TITLE	00					
NAME			2.2 NAM			
STREET ADDRESS					DORESS	
CITY-ST-ZIP			2.4 C/T 3.1 T/TL		· ZIP	☐ Change ☐ Addition
TITLE			3.1 IIIL			
NAME	ATTACAMENT OF				nnnree	
STREET ADDRESS	FAIDWEN DADY OLL 44400			3.3 STREET ADDRESS		
CITY-ST-ZIP	·		4.1 TITL		ZIP	☐ Change ☐ Addition
\	_		4. 2 NA			
NAME					DORESS	
STREET ADDRESS			4.3 S IR 4.4 CIT		t	
CITY-ST-ZIP TITLE			5.1 TITL		<u>ur</u>	☐ Change ☐ Addition
	-		5.2 NAV		ļ	
NAME STREET ADDRESS			1		DDRESS	
STREET ADORESS			5.4 CITY			
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME			6.2 NAM	Œ		
STDEET MINDERS			6.3 STR	EETA	DORESS	

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90035 008 ***150.00