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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000080195 (8)

DOCUMENT # P9400080195 (8)  1. Corporation Name  ASSOCIATES IN ARCHITECTURE & PLANNING, INC.								
Principal Place of Business Mailing Address					1001H8 01 H8 101H 210H 00HH 00HH 00HH		10 ( 11010 10101 BEST 1000	
4550 TILTON CT. FT. MYERS FL 33907		4550 TILTON CT. FT. MYERS FL 33907						
					3. Date Incorporated or Qualified 11/01/1994	3a. Date of L 05/01	ast Report I/1995	
2. Princip 21	al Place of Business	lace of Business 2a. Mailing Address 26			4. FEI Number 65-0532328		Applied For Not Applicable	
Suite,	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$</b> {	8.75 Additional	
City & State		City & State					Fee Required	
23	State	28			6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has hability for intangible tax under s			
24	25 9. Name and Address of Curre	29 nt Registered Agent	[30]		Horida Statutes Yes  10. Name and Address of New R			
	7.10		81	Name			<u> </u>	
CONLYN, ANDREW			82	82 Street Address (P.O. Box Number is Not Acceptable)				
4550 TILTON CT. FT. Myers FL 33907			83					
, , ,			L					
							FL 85 Zip Code	
familia SIGNATUI 12.	Signature, typed or printed name of registered agent OFFICERS AN		S. Öl: Begswed Agents ■ 13.	ognialismo teo pilipsi	ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	CONLYN, ANDREW	DEW DELETE		P	<b>5</b>   <b>D</b>	Ch.	ange 🔲 Addition	
NAME STREET ADDR	4550 TH TOM OT		1.2 NAME	NAME OF	•			
City-St-ZiP	FT. MYERS FL 33907		1 3 STREET AL 1 4 CHY-ST-					
TITLE	D	DELETE	2 1 THILE			Cn:	ange Addition	
NAME	CONLYN, VIVIAN 4550 TILTON CT.	• •	2 2 NAME					
STREET ADDR	FT. MYERS FL 33907		2.3 STREET AC	!				
TITLE		DELETE	3 1 TITLE		/T/D	Cha	ange 🗍 Addition	
NAME	FENERTY, CHARLES		3.2 NAME	•	שויו			
STREET ADDR	4550 TILTON CT. FT. MYERS FL 33907		3.3 STREEL A	DORESS				
CHY-ST-ZAP	D	DELFTE	3.4 C(1)Y-S1+.	7HF		F1.0h	nno Maddilino	
NAME	FENERTY, KATY	<b>X</b>	4.2 NAME			☐ Cha	ange 🗌 Addition	
STREET ADDR	4550 TILTON CT.		4.3 STREET AC	DRESS				
C(1) - S1 - Z(P	FT. MYERS FL 33907		4.4 CHY-ST-	7IP				
TITLE		DELETE	5 1 THILE			Cna	ange 🔲 Add-tion	
NAME STREET ADDRE	FSS		5.3 STREET AC	narke				
CITY-ST-ZIP			5.4 EiTY-ST-					
TITLE		DELETE	6 1 TITLE			Cha	inge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRI	SS		6 3 STREET AD					
C111-01-68			6.4 CITY - ST - 2	in.				

14. Ido 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 enipowered 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR