

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

FILED

**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068132 (6)
1. Corporation Name
FLORIDA ARCHITECTS, INC.



Principal Place of Business 7200 LAKE ELLENOR DR., STE. 252 ORLANDO FL 32809	Mailing Address 7200 LAKE ELLENOR DR., STE. 252 ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1995	
21 Suite, Apt #, etc	22 Suite 250	26 Suite, Apt #, etc	27	4. FEI Number 59-3331804	Applied For Not Applicable
23 City & State	24	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SORCI, JOSEPH J
853 JORDAN AVE.
ORLANDO FL 32809

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 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]* **Joseph J. Sorci, President** **2/5/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	M/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORCI, JOSEPH J	1.2 NAME	
STREET ADDRESS	853 JORDAN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809-6475	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Barnes, Kevin E.
STREET ADDRESS		3.3 STREET ADDRESS	5004 Foxfire Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Hayter, Kennette B.
STREET ADDRESS		4.3 STREET ADDRESS	2212 S. W. 79th Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Anderson, Mark W.
STREET ADDRESS		5.3 STREET ADDRESS	721 E. Amelia Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Gensch, Markus J.
STREET ADDRESS		6.3 STREET ADDRESS	1281 Seybold Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Deltona, FL 32725

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, and am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in handwritten or stamped form, matching with an address.

SIGNATURE: *[Signature]* **Joseph J. Sorci, President** **2/5/98** **407/857-0066**

CR2E034 (10/97)