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

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE** 

14. Thereby certify that the information supply of with this filing does not indicated on this animal report or supplichental animal report is true a officer or director of the corporation or the receiver or trustee anywer Block 12 or Block 13 if changed, or page attractment with an adverse.

CITY-ST-ZIP

TITLE

NAME

**FILED** Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P96000081958 (6) DOCUMENT # STH ARCHITECTURAL GROUP, INC. Principal Place of Business Mailing Address 515 NORTH FLAGLER DRIVE 515 NORTH FLAGLER DRIVE **SUITE 1400 SUITE 1400** WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 09/30/1996 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 65-0698270 26 Not Applicable Suite, Apt #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SINGER, MICHAEL S ESQ. 61 Name 701 NORTH POINT PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 330 WEST PALM BEACH FL 33407 83 64 City 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, typied or pented name of registered agent and title if applicable (NOTE: Registered Agent signature req ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. TITLE DELETE 1.1 TITLE Change Addition HANSER, WILLIAM NAME 1.2 NAME CR2E034 515 NORTH FLAGLER DRIVE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change TWITTY, PAUL 2.2 NAME 515 NORTH FLAGLER DRIVE STREET ADDRESS 2.3 STREET ADDRESS **WEST PALM BEACH FL 33401** CITY - ST - ZIP 2 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under eath; that I am an regular execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

61 TITLE

6.2 NAME

DELETE

Change

Addition