## 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 # P97000026874

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

BOGER PIPER, ARCHITECT, INC.

noue!!					
Principal Place of Business Mailing Address					# 1001(00) (58 JETH 1581) SENT SENT SENT SENT SENT SENT SENT SENT
20100 NE 21 AVENUE 20100 NE 21 AVENUE					
N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					03/20/1997
<del>_</del>		2a. Mailing Address			4. FEI Number Applied For
21 2		26			65-0737295   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬, , , , , , , , , , , , , , , , , , ,		5. Certificate of Status Desired  5. Certificate of Status Desired Fee Required
22 27					
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28 Country		-	
Zip Country Zip		<u></u> — . —	·		8. This corporation owes the current year Intangible  Personal Property Tax.
24	25	29 30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Raille and Address of New Registered Agent
PIPER, ROGER			"	1401110	
20100 NE 21 AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)
N. MIAMI BEACH FL 33179			-		
14. (4	MAMI BEACH FL 33179		83		
			84	City	85 Zip Code
		·			FL   60   EL   6
office or r	registered agent, or both, in the State or familiar with, and accept the obligation of the state of the obligation of t	of Florida. Such change was authoritions of, Section 607.0505, Florida	statutes	the corpora	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		1.1 TITLE		Change Addition
NAME	PIPER, ROGER	_	1.2 NAME		
STREET ADDRESS				TADDRESS	
	AL LUCAN DEL OL: EL 00470		1.4 CITY-S		
CITY-ST-ZIP TITLE			2.1 TITLE	1-21	☐ Change ☐ Addition
			2.2 NAME		<b>—</b> , –
NAME	COACO NE CA AVE			TADORESS	
STREET ADORESS	N. A. M. A. M. D. G. A. C. A.		2.4 CITY-8	ľ	
CITY-ST-ZIP	S .			51-ZIP	Change Addition
TITLE	ļ <del>-</del>		3.1 TITLE 3.2 NAME		
NAME	4004 NE 000 TEDD			TADODECC	
STREET ADDRESS	3			TADORESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179		3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		_	4.1 TITLE		_ Shange
NAME			4.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP	re .		4.4 CITY-S	T-ZIP	□ AL □ Addition
TITLE		· ·	5.1 TITLE		☐ Change ☐ Addition
NAME		i i	5.2 NAME		
STREET ADDRESS		4		TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		5-2-12	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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. SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90144 030 \*\*\*150.00