PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # S00928



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90127 019 ***150.00

ARCHITE	ectural ai	PPROACH, INC.	-															
Principal Place	e of Rusiness		Mailin	ng Address														
265 8TH AVENUE NORTH 265 8TH AVENUE NORTH																		
TIERRA VERDE FL 33715 TIERRA VERDE FL 33715																		
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— '	race or business	\vdash	2a. Mailing Address						3-3031					<u> </u>	- ' '	Applicable	ł	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.											\$8.7		Iditional	1	
22		27	 					5. C	ertifcate	of Statu	us Desin	ed		-	e Req			
City & Stat	te		City & State					6. EI	ection C	ampaig	n Finan	cing	"	\$5.	00 M	lay Be	1	
23		28	28					Tr	ust Fund	Contri	bution		ш.	Add	fed to	Fees	-	
Zip			Zip Cou					8. This corporation owes the current year intangible						٦	1			
24	25		29	<u> </u>						Personal Property Tax.						100	ł	
	9. Name an	d Address of Curre	nt Register	ed Agent		81	Name		10, N	arrie and	Audit	855 OI N	18W K	-gistoreu	Agent			1
MAT	TA, HANI F.					82												
265	8TH AVE. NO					Street	Addres	ss (P.O.	Box Nu	imber is	s Not Ac	ceptat	ole)					
TIER	ra verde fl																1	
						84	014								85	Zip Co	odo	ł
	•						City				•			FL	-			
11. Pursuant	to the provision	s of Sections 607.050 , or both, in the State	02 and 607.	1508, Florida Statut	es, the a	bove	-named	corpor	ation so	ubmits th	nis state	ement fo	r the p	urpose of	f changing	g its re s real	egistered stered	
agent. I a	m familiar with,	and accept the obliga	ations of, Se	ection 607.0505, Flo	rida Stati	utes.		oradic	o boun	. o, a,, o,	3,01 - 1	,						
SIGNATURE	-									tation)				DATE				؍ ا
12.	Signature, typed or p	rinted name of registered age OFFICERS AI			: Registered	Agen	signature i	equireo w			S/CHAN	IGES TO	O OFF		ND DIRE	CTOR	S IN 12	Q
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NAME STREET ADDRESS				•			ADDRESS											
STREET VIDE CC	i .				0.00													

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

STREET ADDRESS