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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S27627

(6)

Principal Place	TLEY ARCHITECTS AND I	Mailing Address						
217 N. WESTMANTE DR. 217 N. WESTMANTE 2012 2012 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRING								
บร		US			3. Date Incorporated or Qualified			
2. Principal P	Place of Business	2a. Mailing Address			01/21/1991 4. FEI Number		5/01/1	
1		26			59-3045321			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5 Additional
City & Ctot		27			5. Certificate of Status Desired			Required
City & Stati	le .	City & State			6. Election Campaign Financing		\$5.0	<b>0</b> May Be
Zip	Country	28     Zip	Country		Trust Fund Contribution		Adde	d to Fees
4	25	29	30	у	This corporation has liability to     Florida Statutes	or intangible tax ∈ es	under s	199.032,
	9. Name and Address of Curr	rent Registered Agent	1991		10. Name and Address of New		ent	<del></del>
			81	Name				
	LEY, WILLIAM C		82	Street Add	ress (P.O. Box Number is Not Accept	able)		
217 NORTH WESTMONTE AVENUE					——————————————————————————————————————	abie)		
SUITE			83	3				
ALIAM	MONTE SPRINGS FL 32714		84	City			85 20	p Code
11. Pursuant	to the provisions of Sections 607.05					<b>                                 </b>		
		i02 and 607 1508. Florida Stat	tutos the above	named same				conictored office
or register	red agent, or both, in the State of Fla	602 and 607.1508, Florida Stat orida. Such change was autho	tutes, the above- orized by the corp	named corpor poration's boar	ration submits this statement for the p rd of directors. I hereby accept the ap	eurpose of chang poointment as rec	jing its r pistered	l agent I am
familiar wit	red agent, or both, in the State of Fla ith, and accept the obligations of, Se	i02 and 607.1508, Florida Stat orida. Such change was autho ection 607.0505, Florida Statut	tutes, the above- orized by the corp tes.	named corpor poration's boar	ration submits this statement for the p rd of directors. I hereby accept the ap	ourpose of chang opointment as rec	jing its r gistered	l agent. I am
familiar wit	red agent, or both, in the State of Flath, and accept the obligations of, Se Signature typed or printed name of registered ag	ection 607.0505, Florida Statut	tes.	ooration is total	to or directors. Thereby accept the ap	ppointment as reç	jing its r gistered	l agent. I am
familiar wit	th, and accept the obligations of, Se Signature typed or printed name of registered ag OFFICERS A	ection 607.0505, Florida Statut rent and title if applicable ( AND DIRECTORS	tutes, the above- prized by the corp tes.  NOTE Registered Age	ooration is total	d of directors. Thereby accept the ap	ppointment as rec	gistered	l agent. I am
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