FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V19819
1. Corporation Name

(4)

ROWE	ARCHITECTS, INCORPORAT	TED			
Principal Place	of Business	Mailing Address			1865 AIRIT Affil Billit Albut Airt Airt Airt Airt
100 MADISON STREET 100 MADISON STREET TAMPA FL TAMPA FL					
				3. Date Incorporated or Qualified 03/10/1992	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3113831	Not Applicable
Suite, Apt. i	#, etc.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State)	City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has fiability for i	
24	9. Name and Address of Current	[29]	30	Florida Statutes Yes 10. Name and Address of New R	No
	g. Name and Address of Correct	negistered Agent	81 Name		agistaled Ageitt
HAMMES	A ZAMONT S		W W	ilder, Larry	do)
HAMMER, THOMAS A. 100 MADISON STREET			82 Street Addre	ss (P.O. Box Number is Not Acceptable 00 Madison Street, S	Suite 200
TAMPA I			63		
			84 City _		B5 Zip Code
	to the provisions of Sections 607.0502		Ti	ampa	FL 33602
or register familiar wi	ed agent or both in the State of Flyarid th, and accept the obligations of Action Squares typed or protest name of regulared agents	TUNC	E. Registered Agent signature required	when reinstahing)	2/6/96 DATE
12.	OFFICERS AND	and the second s	13.	ADDITIONS/CHANGES TO OFF	
TI*LE	STD	☐ DELETE	1. 1 TITLE V 1	ce President	Change 🔀 Addition
NAME	HAMMER, THOMAS A. 2936 LAWN AVE.		1.2 NAME L 3	arry Wilder 701 El Prado Blvd.	
STREE* ACORESS	TAMPA FL			ampa, F1. 33629	
CITY - ST - ZIP Total	VD VD	[] DELETE	2 1 THLE		Change Addition
NAME	RADOS, RICK		2.2 NAME		
STREET ADORESS	4223 CLEVELAND ST.		2 3 STREFT ADDRESS		
CITY ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP		
Tille	PD	[] DELETE	3 1 TITLE		☐ Change ☐ Addition
NAM:	ROWE, H. DEAN		3.2 NAME		
STREET ADDRESS	11401 CARROLLWOOD DR.		33 STREET ADDRESS		
CHY-51-7IF	TAMPA FL DV	רוו מנו בדב	3 4 CHY+ST-ZIP 4 1 TiTLE		Change Addition
THE	ROWE, RICK	DELETE	4 2 NAME		C ontarigo C notation
NAME STREET ADDRESS	53 AEGEAN AVE		4 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY- ST-ZIP		
1110	. ,	DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STHEE! ADDRESS			5 3 STREET ADDRESS		
CHY-S1-ZIP			5 4 CITY - ST - ZIP		
THE		□ DELETE	6 1 TITLE		Change Addition
NAMI			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
City of Tio			6.4 CITY-ST-7IP		

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath, that I am an officer or director of the corporation or the receiver or troubles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 thehanges or on an attachment with an address.

SIGNATURE:

nature Aug Tylon of Printed Name Usinking officer on Director, Vice President

(813) 221-8771

Daytime Phone #

POE024 (12/0