

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 # **M48770** (5)

1. Corporation Name

R.J. HEISENBOTTLE ARCHITECTS, P.A.



Principal Place of Business

**340 MINORCA AVE 10
CORAL GABLES FL 33134**

Mailing Address

**340 MINORCA AVE 10
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
03/20/1987

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-2783815

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HEISENBOTTLE, RICHARD J.
340 MINORCA AVE 10
CORAL GABLES FL 33134**

81

Name

82

Street Address (P.O. Box Numbers Not Acceptable)

83

84

City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

11B	PD	<input type="checkbox"/> DELETE
NAME	HEISENBOTTLE, RICHARD J.	
STREET ADDRESS	620 SAN SERVANDO AVE.	
CITY-STATE-ZIP	CORAL GABLES FL	
11C		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
11D		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
11E		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
11F		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2	NAME	
11.3	STREET ADDRESS	
11.4	CITY-STATE-ZIP	
11.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6	NAME	
11.7	STREET ADDRESS	
11.8	CITY-STATE-ZIP	
11.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10	NAME	
11.11	STREET ADDRESS	
11.12	CITY-STATE-ZIP	
11.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14	NAME	
11.15	STREET ADDRESS	
11.16	CITY-STATE-ZIP	
11.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18	NAME	
11.19	STREET ADDRESS	
11.20	CITY-STATE-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 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 in Block 14 in addition with an address.

SIGNATURE: *Richard Heisenbottle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 805-446-7799
Date of Filing

CR2E034 (12/95)