FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 358200 (4)

1. Corporation Name

MUDANO ASSOCIATES ARCHITECTS, INC.

Principal Place of Business: 4625 E. BAY DR., SUITE 221 CLEARWATER FL 34624-3819

Mailing Address: 4625 E. BAY DR., SUITE 221 CLEARWATER FL 34624-3819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1970

3a. Date of Last Report: 04/27/1994

4. FEI Number: 59-1284022 ☐ 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

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

MUDANO,FRANK R
4625 E. BAY DR., SUITE 221
CLEARWATER FL 34624-3819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MUDANO, FRANK R	1.2 NAME	
STREET ADDRESS	4625 E. BAY DR #221	1.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MUDANO,CORNELIA C	2.2 NAME	
STREET ADDRESS	504 POINSETTIA RD.	2.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	2.4 CITY ST ZIP	
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALFANO, FRANK A	3.2 NAME	
STREET ADDRESS	4625 E. BAY DR. #221	3.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER, FL 00000	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 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.

SIGNATURE: Frank R. Mudano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 Date

813/534-8737 Daytime Phone #

0359853 CP