

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 34624-5799
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/16/1970	3a. Date of Last Report 06/03/1996
21		26		4. FEI Number 59-1284022	Applied For Not Applicable
22		27		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

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 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	
NAME	LAFFERTY, STEPHEN B	2.2 NAME	
STREET ADDRESS	4625 E BAY DR., SUITE 221	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	
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	VT	4.1 TITLE	
NAME	GONYA, PAUL A	4.2 NAME	
STREET ADDRESS	4625 E BAY DR., SUITE 221	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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.

FRANK R. MUDANO

CR2E034 (9/96)