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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 369289

(4)

JOHN SHOUP, ARCHITECT, INC.

C/O L.S. PEARSON C/O 96 SW 10TH AVENUE 96 SI		Mailing Address C/O L.S. PEARSON 96 SW 10TH AVENUE BOCA RATON FL 33486-4558			
BOOK RATON I	rc 334304330	DOWN HATCH TE WING TOWN		3. Date Incorporated or Qualified 09/03/1970	3a. Date of Last Report 01/23/1996
·	ace of Business	2a. Mailing Address		4. FEI Number 59-1302491	Applied For Not Applicable
21 Suite, Apt	#, elc.	Suite, Apt #, etc.			CO 75 A 4 (Sec.)
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Ζφ	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for in	
24	25]	29 30	0	Florida Statutes	Yes No
1	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	distered Agent
MCK	(INLEY, PANL A. NE SPANISH RIVER BLVD STE 1:	3	• سا	S. PEARSON	
	ne spanish riven blvd ste t A RATON FL 3349.1-1516	,		ress (P.O. Box Number is Not Acceptab よいしゅん こうちょうだいしん	le)
	***************************************		63	XA ROTON	
	`		84 City	CR INGTON	85 Zip Code
dd D	L. H	and CO7 1609 Florida Statutos	the above pamed core	poration submits this statement for the n	FL 33486
office or re agent. Far	egistered agent, or both, in the State on familiar with and accept the obligation	if Florida, Such change was aut ons of, Section 607.0505, Flori	thorized by the corporal da Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signar of type of openhed name of regulation agos	and tate if applicable (NOTE F	lagistered Agent signature requi	red when reinstaling)	DATE
12.	OF LICERS AND	, ,, , ,	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	SHOUP, JOHN		1.2 NAME	OLS. PEARSON OBSWID DVENUE BOXA RATEN, FLST OLS. PEARSON	
STREET ADDRESS	500 E SPANISH RIVER BLVD BOCA RATON FL		1.3 STREET ADDRESS 1.4 City-St-Zip	Boss Para Find	3424
CITY-ST-ZIP TITLE	ST	DELETE	2.1 TITLE	L / S. PGORSON	Change Addition
NAME	SHOUP, JOY R		2.2 NAME		
STREET ADORESS	500 E SPANISH RIVER BLVD		2.3 STREFT ADDRESS	BOCA PATON, FZ 3	3184
CITY - ST - ZIF	BOCA RATON FL	DELETE	2. 4 CITY - ST - ZIP		
TITLE		DRI ETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-74P			3.4. CITY - ST - ZIP		
1011		DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43 PREET ADDRESS		
CITY - ST - ZIP			4.4 I FY-ST-ZIP		Change Madding
TOLE		DELETE	5.11 LE		Change Addition
NAME			5.2 ME 5.3 HEFT ADDRESS		
STREET ADDRESS			5.3 FEET ADDRESS 5.4 Y-ST-ZIP		
CHY-SI-Z#		DELFTE	6.1 E		Change Addition

SIGNATURE:

NAME STREET ADDRESS

City-St-7iP

64 IY-ST-7iP

14. To 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 incurate 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 trusted 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 970.240.0395

FILED

Jan 31 1997 8:00am

Secretary of State