**PROFIT** \* CORPORATION **ÄNNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT #

DONALD WA	YNE SHUEY AND	ASSOCIAT	ES. ARCHI	TECTS
.A.				
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## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90039 025 \*\*\*150.00

e 3 Donald - A. 	WAYNE SHUEY AND ASSC	)ĊIATE2!.\#ĤĊĤITECÎ	S. P.	· ***		
Principal Place	e of Business	Mailing Address				{ CONTACT DIER BIRIT BIRIT BOUND 1100.0 IFTE BIRIT BERT AFRIL ATRIL DIER FART
2300 S DIXIE H	IWY., #201 .	2300 S DIXIE HWY #201 MIAMI FL 33133				
, miran i c ooioi						DO NOT WRITE IN THIS SPACE
i	·					3. Date Incorporated or Qualifed 05/23/1974
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1532156 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi
City & State	B B	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	Zip	Col	untry		8. This corporation owes the current year Intangible
24	25	29	30	-		Personal Property Tax. Yes No
	9. Name and Address of Current					10. Name and Address of New Registered Agent
				81	Name	
SHUEY, DONALD WAYNE 15831 SOUTHWEST 97TH AVENUE			82	Street Addr	dress (P.O. Box Number is Not Acceptable)	
MIAN	MI FL 33157			83		
	• ,			84	City	85 Zip Code
						FL 15 Ep 5000
office or n agent. I a	Danid W Shijev					poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered  04/06/99
	Signature, typed or printed name of registered agent			_	it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE DELETE	13.			Change Addition
TITLE NAME	PD Shuey, Donald Wayne	( ) DEPET		AME		
STREET ADDRESS	2300 S DIXIE HWY #201		1		ADDRESS	•
	MIAMI FL			TY-S	ļ	
CITY-ST-ZIP TITLE	MIMMI FL	☐ DELETE	2,1 T			☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS	•				T ADDRESS	
			4	CITY-S		
CITY-ST-ZIP TITLE		☐ DELETE	3.17			Change Addition
NAME				(AME		
STREET ADDRESS	j		3,3 5	TREET	T ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE		☐ DELETE		ITLE		☐ Change ☐ Addition
NAME			4. 2	NAME	-	
STREET ADDRESS		•	4.3 8	TREE	TADDRESS	
CITY-ST-ZIP	* a. 25F*		4.4 (	TY-S	T-ZIP	
TILE		☐ DELETE		MLE		☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP				CITY-S	T- ZIP	DA SAME
TITLE		☐ DELETE		IIILE		☐ Change ☐ Addition
NAME			4	NAME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP	<u>.</u>		6.4 (	CITY-S	T-ZIP	

CITY-ST-ZIP 14. I 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 of supplier enter 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 attach neglect with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/99

305-854-8241