

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 517865



1. Entity Name

FRANZ JOSEPH SHROPA, A.I.A., ARCHITECTS & PLANNERS, INC.

Principal Place of Business

**300 N.W. 70TH AVENUE #205
PLANTATION FL 33317**

Mailing Address

**300 N.W. 70TH AVENUE #205
PLANTATION FL 33317**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1707888**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIBY FERENCIK LIBANOFF & BRANDT P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 400
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: SHROPA, FRANZ JOSEPH
STREET ADDRESS: 481 SW PETERSBURG TERR
CITY-STATE-ZIP: FT. LAUDERDALE FL

TITLE: ST ☐ Delete
NAME: SHROPA, PATRICIA A.
STREET ADDRESS: 481 SW PETERSBURG TERR
CITY-STATE-ZIP: FT. LAUDERDALE FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
**U00000602054
01/26/07-80073-023 150.00**

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franz Joseph Shropa 1-23-07

954-584-7700

Date

Daytime Phone #