PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	Sandra E Secretar	ITMENT OF STATE 3. Mortham 19 of State CORPORATIONS	······································		
DOCUMENT # 60172	24 (8)				
WILLIAM COX ARCHITECT, P.A.					
Principal Place of Business	Mailing Address				
4621 PONCE DE LEON BOULEVARD	4621 PONCE DE LEON				
CORAL GABLES FL 33146	CORAL GABLES FL 331	46	3. Date Incorporated or Qualified	3a. Date of Last Report	1
2. Principal Place of Business	2a. Mailing Address		12/02/1969 4. FEI Number	03/21/1995 Applied For	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<u></u>	59-1308016	Not Applicable \$8.75 Additional	
22 City & State	27 City & State		<ol> <li>Gertificate of Status Desired</li> <li>Election Campaign Financing</li> </ol>	Fee Required \$5.00 May Be	-
23 Zip Country	28	Country	Trust Fund Contribution	Added to Fees	4
24 25	29]	30	R. This corporation has lability for in Florida Statutes Yes	[] No	
9. Name and Address of Curre	ent negistered Agent	81 Name	10. Name and Address of New Re	egistered Agent	1
COX,WILLIAM 8375 SW 52 AVENUE		82 Street Ado	dress (P.O. Box Number is Not Acceptabl	ε)	1
6375 SW 52 AVENUE MIAMI FL 33143		83			1
		84 City		FL <sup>85</sup> Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flo feedback with sections of Se</li></ol>	02 and 607.1508, Florida Statutes rida. Such change was authorized		oration submits this statement for the purp ard of directors. I hereby accept the appo		
familiar with, and accept the obligations of, Sei SIGNATURE	ction 607.0505, Florida Statutes.	, the above named corpo by the corporation's boa		<b>FL</b> cose of changing its registered office intment as registered agent. I am	
familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered age 12. OFFICERS AI	ction 607.0505, Florida Statutes. en aro trie it applicable (NOTE ND DIRECTORS	s, the above named corpor- d by the corporation's board by the corporation's board by the corporation of the		CARE L	_
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