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PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUM	MENT # 65084						
1. Corporation	Name # 00004	8 (5)					
B. GOI	RDON/PAULDING DESIGN	ASSOCIATES, INC.				ii 1811 Bigir Bigir Gran A	1011 51011 51511 1001
Principal Place	of Business	Mailing Address			- I IDANIA DISAL CINI OTIEI INIÚI BINI -	II IBII GIBII BIGII DIDII DI	I <u>dio Bobat Afalt (AA)</u>
1500 EAST BROWARD BLVD. C/O B. ELIZABETH GORDON		1500 EAST BROWARD BI C/O B. ELIZABETH GORI	1500 EAST BROWARD BLVD.				
	RDALE FL 33301	FORT LAUDERDALE FL S			3. Date Incorporated or Qualified	3a. Date of Last	Poport
					01/10/1980	04/27/1	•
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. 4	7. elc.	Suite, Apt. #, etc.	Suite Ant # etc		59-2028164	60.	Not Applicable 75 Additional
22		27			5. Certificate of Status Desired	1 1	e Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for	Add	ded to Fees
24]	25		30			□ No	3 133.002,
	g. Name and Address of Currer	nt Registered Agent	81 Nar		10. Name and Address of New R	legistered Agent	
WEIGED	, B. ELIZABEYH			·			
	ST BROWARD BLVD.		82 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	ile)	
	AUDERDALE FL 33301		83				
			84 City			85	Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named	corporal	tion submits this statement for the pur	pose of changing its	s registered office
or registere familiar wit	ed agent, or both in the State of Flore h, and accept the obligations of, Sect	da. Such change was authorized ion 607.0505, Florida Statutes.	by the corporation	n's board	of directors. I hereby accept the app	ointment as register	ed agent. I am
SIGNATURE _							
12.	Skynature, typod or printed name of registered agent OFFICERS AN	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signal.	re required v	when reinstating ADDITIONS/CHANGES TO OFF	DATE	TODG IN 12
THILE	P	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OTT	Chang	
NAME	WEISER, B. ELIZABETH		1.2 NAME	ŀ			
STREET ADDRESS	1901 N ATLANTIC BL #14C		1.3 STREET ADDRES	SS			
CITY-SF-7IP TITLE	FT LAUDERDALE, FL 00000 ST	□ DELETE	2 1 TITLE			[Change	€ ☐ Addition
NAME	GILLILAND, SUZANNE, P	beere	2.2 NAME				: [_] Abbillon
STREET ADDRESS	925 S.E. 9TH ST.		23 STREET ADDRES	SS			
C+TY-ST-ZIP	FT. LAUDERDALE FL		24 CITY-ST-ZIP				
T-TLE		☐ DELETE	3 1 TITLE			☐ Change	€ ☐ Add-tion
NAME STREET ADDRESS			32 NAME				İ
CITY-ST-ZIP			3.3. STREET ADDRE	22			
TITLE	77 W. W. J. W. J. Martin, Mart	DELETE	4 1 TITLE			Change	€ ☐ Addition
NAME			4 2 NAME				_
STREET ADDRESS			4 3 STREET ADDRES	SS			
CITY-ST-ZIP		Donete	4.4 CITY - ST - ZIP				
TITLE NAME		☐ DELETE	5. 1 TITLE 5.2 NAME			Change	€ ☐ Addition
STREET ADDRESS			5.3 STREET ADDRES	ss			
CITY - S1 - ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6. 1 TITLE			☐ Chang	e 🔲 Addition
NAME			6.2 NAME				;
STREET ADDRESS			6.3 STREET ADDRES	SS			-
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily furnish	6.4 City-\$t-ZiP ed and does not d	ualify for	the exemption stated in Section 119.	07/3)/k) Florida Stal	Lites I further
certify that oath; that I	the information indicated on this annu	lal report or supplemental annual pration or the receiver or trustee e	report is true and moowered to exe	accurate	and that my signature shall have the report as required by Chapter 607, Fk	same legal effect as	s if made under 📑

SIGNATURE:

OFFICER OR DIRECTOR SUZANCE Gilliland Date 4-24-96 954-764-6624