

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 651678

1. Corporation Name

**JOHN RANDAL MCDONALD A.I.A. ARCHITECTS & ASSOCIA
TES. P.A.**

Principal Place of Business

**500 NE FIFTH AVE
BOCA RATON FL 33432
US**

Mailing Address

**500 NE FIFTH AVE
BOCA RATON FL 33432
US**

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90041 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1979

4. FEI Number

59-2015293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 291 E. Boca Raton Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 291 E. Boca Raton Rd.
Suite, Apt. #, etc.

22 Boca Raton
City & State

27
City & State

23 Florida 33432 U.S.A.
Zip Country

28 Boca Raton, FL 33432
Zip Country

24 **25 U.S.A.** **29** **30 U.S.A.**

9. Name and Address of Current Registered Agent

**MCDONALD, JOHN RANDAL
2040 S.E. 19TH ST
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name
MCDONALD JOHN RANDAL
82 Street Address (P.O. Box Number is Not Acceptable)
291 E. BOCA RATON ROAD
83
84 City **BOCA RATON** **85 Zip Code** **FL 33432**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MCDONALD JOHN RANDAL**
STREET ADDRESS **2040 S.E. 19TH ST**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **JOHN RANDAL MCDONALD**
1.4 CITY-ST-ZIP **291 E. BOCA RATON ROAD** **33432**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 or supplemental 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 attachment with an address, with all other like empowered.

SIGNATURE:

John Randal McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 APRIL 1999

Daytime Phone #

CR2F034 (11/98)