Mar 24, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 662154

1. Corporation Name

MCLEOD ARCHITECTURAL GROUP, P.A.

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Principal	Place of Business	Mailing Address				40110 01110 01110 11001 11601	BANK BABA BABA D	IDII TIBII BIBII I	9101) B)B)I 1001
20401 NV	I V 2ND AVE	20401 NW 2ND AVE							
SUITE 30	i8	SUITE 308			}	DO NOT WR	TE IN THIS	SPACE	
	33169-2542	MIAMI FL 33169-2542			3 Dote In	corporated or Qualifed		JI AOL	
บร	l I	US				1/1980			
2 Princi	pal Place of Business	2a. Mailing Address			4. FEI Nu			Ap	plied For
21	Par riace or business	26				35220		_ 	t Applicable
	Apt. #, etc.	Suite, Apt. #, etc.		·			V	\$8.75 A	
22		27			5. Certifica	ite of Status Desired	X	Fee Re	quired
	State	City & State			6. Election	Campaign Financing		\$5.00	May Be
23		28			Trust F	und Contribution		Added t	o Fees
Žip	Country Zip Cou			,	8. This corporation owes the current year Intangible				
24	25	25 29 30				al Property Tax.		Yes	_ 'No
	9. Name and Address of Current	Registered Agent		1	10. Name	and Address of New	Registered A	Agent	
	MOLEOD DONALD		81	Name					
	MCLEOD, DONALD		82	Street A	ddress (P.O. Box	Number is Not Accept	able)		
	20401 NW 2ND AVENUE	•	_						
	SUITE 308 MIAMI FL 33169		83			•			
+	MIAMI FL 33109		84	City				85 Zip (Code
				<u> </u>		41. 4.4 45.44	FL	1	and the said
11. Purs	suant to the provisions of Sections 607.0502 e or registered agent, or both, in the State on the I am papiliar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth	the above orized by	e-named c the corpor	orporation submit ation's board of d	s this statement for the irectors. I hereby acce	pt the appoin	changing its itment as rej	gistered
agei	nt. I am familiar with, and accept the obligati	op of, Seption 607.0505, Florida	a Statutés	1.		•	20 11	- 00	9
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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 chapged, or on an attachment with an address, with all other like empowered.

Daytime Phone #