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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90034 007 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F01103

1. Corporation Name

J. STEPHEN RYAN ASSOCIATES ARCHITECTS, INC.



Principal Place of Business

1200 S.W. 3RD STREET
200
POMPANO BEACH FL 33069
US

Mailing Address

1200 S.W. 3RD STREET
200
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1980

4. FEI Number

59-2048460

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 2335 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

22 SUITE 402

City & State

23 POMPANO BEACH, FL.

Zip

24 33062

Country

25 US

2a. Mailing Address

26 2335 E. ATLANTIC BLVD

Suite, Apt. #, etc.

27 SUITE 402

City & State

28 POMPANO BEACH, FL.

Zip

29 33062

Country

30 US

9. Name and Address of Current Registered Agent

J. STEPHEN RYAN
1200 S.W. 3RD STREET, #200
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name J. STEPHEN RYAN

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

614 SW 6TH ST.

83

84 City FT. LAUDERDALE FL

85 Zip Code

33315

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 DP ☐ DELETE

NAME RYAN, J. STEPHEN
STREET ADDRESS 1930 N.E. 2ND AVE, #L-210
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

1.3 STREET ADDRESS 614 SW 6TH ST

1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33315

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1-11-99 954-788-9510

Date

Daytime Phone #

CR2E034 (11/98)