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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

4575 VIA ROYALE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F09180

officer or director of the corporation o Block 12 or Block 13 if changed, or g

(3)

Mailing Address

4575 VIA ROYALE

R.J. MCCORMACK, ARCHITECT, INC.

FILED Jan 20 1998 8:00am Secretary of State

STE 206 FORT MYERS		STE 206 FORT MYERS FL 33919		DO NOT WRITE IN THIS SPACE.			
					Date Incorporated or Qualified 12/15/1980		
	Place of Business	2a. Mailing Address	•		4. FEI Number		Applied For
21 457	5 VIA ROYAIC	26 4575 VIA	Ko	YALE	59-2086652	1	Not Applicable
Suite, Apt.	#, etc. 210 *	Suite, Apt. #, etc. 27 SUITE	210	YALE	5. Certificate of Status Desired		.75 Additional ee Required
City & State 23 Fo2 7	MYERS FL.	28 FORT M	YER	s, F	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 339	7/9 25 USA	Zip 33919	Country	ÚSI	8. This corporation owes or has paid the of Personal Property Tax due June 30.	current yo	
	9. Name and Address of Current I	legistered Agent			10. Name and Address of New Registers	d Agent	
MC	CORMACK, R.J.		81	Name			
	188 MCGREGOR WOODS CIRCLE		82	Street A	Address (P.O. Box Number is Not Acceptable)		
FO	RT MYERS FL 33907						
			83				
			84	City		85	Zip Code
				J,	F		
office or r		Florida, Such change was auf	thorized by	the corp	corporation submits this statement for the purpose location's board of directors. I hereby accept the a		
SIGNATURE							
12.	Signature, typed or printed name of registered agent a OF FICERS AND I		13.	ont signature i	required when rainstating) DATE ADDITIONS/CHANGES TO OFFICERS A		CTODC IN 12
TITLE	PD	DELFTE	1.1 TOLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS A		
NAME	MCCORMACK, R. J.	DEI(10	1.2 NAME	Ì			ange
STREET ADDRESS	12458 MCGREGOR WOODS CII	•	1.3 STREET	1000LCC			
CITY-ST-ZIP	FORT MYERS FL 33907	1	1.4 City - S	ł			
TITLE	TORT WILLIO I E 60307	DELETE	21 TITLE	I-ZIP		Ch	nange Addition
NAME			2 2 NAME				ange (I realise
STREET ADDRESS			23 STAFE	ADDRESS			j
CITY-ST-ZIP			2 4 CITY-				
TITLE		DELETE	3.1 TITLE	54 - Eli		Ch	ange Addition
NAME		_	3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-				
TITLE		DELETE	4.1 TITLE			☐ Ch	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
THLE		☐ DELETE	5.1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.9 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- 2 (P			
TITLE		DELFTE	6.1 TITLE			Ch	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY_ST_7ID			£40HV 9	T 7(D			

14. Thereby certify that the information supplied with this lying 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 relief of the true interesting 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 relief of the corporation or the relief of the corporation of the corpor