

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005658 (9)**

1. Corporation Name

SCHAARDT & FULLAN, ARCHITECTS, P.C.

2. Principal Office Address

**2099 BELLMORE AVE.
BELLMORE NY 11710**

2a. Mailing Address

**2099 BELLMORE AVE.
BELLMORE NY 11710**

21. State of Incorporation

2a. Mailing Address

26. State of Incorporation

27. City or Town

28. Zip

29. County

30. County

9. Name and Address of Current Registered Agent

**MADISON, LYNDA
533 N.E. 13TH ST.
FT. LAUDERDALE FL 33304**

81. Name

82. Street Address (P.O. Box Number Not Applicable)

83. City

84. Zip

FL 85. Zip Code

3. Date of Incorporation or Qualification
11/01/1994

3a. Date of Last Report
01/19/1995

4. File Number
11-2786955

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. I, the undersigned, the person or persons authorized by the Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office to the new location as being in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a registered agent. I am not a resident of the State of Florida and do not have a business office in the State of Florida.

12. OFFICERS AND DIRECTORS

**PD
FULLAN, ROBERT
2099 BELLMORE AVE.
BELLMORE NY 11710**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name ☐ Change ☐ Address

2. Name ☐ Change ☐ Address

3. Name ☐ Change ☐ Address

4. Name ☐ Change ☐ Address

5. Name ☐ Change ☐ Address

6. Name ☐ Change ☐ Address

7. Name ☐ Change ☐ Address

8. Name ☐ Change ☐ Address

14. I, the undersigned, certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am not a resident of the State of Florida and do not have a business office in the State of Florida. I further certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am not a resident of the State of Florida and do not have a business office in the State of Florida. I further certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am not a resident of the State of Florida and do not have a business office in the State of Florida.

SIGNATURE: **Robert Fullan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96 516-785-2378

CR2E034 (12/95)