

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000520 (5)**

1. Corporation Name
LS3P ARCHITECTS, LTD. CORPORATION



Principal Place of Business: **24 NORTH MARKET ST CHARLESTON SC 29401**
Mailing Address: **24 NORTH MARKET ST CHARLESTON SC 29401**

3. Date Incorporated or Qualified: **01/31/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **57-0475651**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	LUCAS, FRANK E FAIA	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PENNEY, THOMPSON E FAIA	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	ESD	<input type="checkbox"/> DELETE
NAME	PASCULLIS, VITO R AIA	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWELL, RICHARD L AIA	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ACHELE, ERIC C AIA	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, MARK L ASLA	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	
CITY-ST-ZIP	CHARLESTON SC 29401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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*****225.00**

Handwritten: 2/5/20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it were 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 of this filing. My home address is _____.

SIGNATURE: *[Signature]* **THOMPSON E. PENNEY** **5/15/96** **(803) 577-4444**

CR2E034 (12/95)