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**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 29401-2609

3. Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report 05/20/1996
4. FEI Number 57-0475651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Country	29 Country
25	30

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	AICHELE, 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 and is typed on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS E PENNEY FAIA

5/15/97 803-577-4444
Date Daytime Phone

CR2E034 (9/96)