

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 # F95000001089 (0)

1. Corporation Name

TEAM ARCHITECTS, INC.



Principal Place of Business

500 N. MAITLAND AVE. #313
MAITLAND FL 32751

Mailing Address

500 N. MAITLAND AVE. #313
MAITLAND FL 32751

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

1/96

2. Principal Place of Business

21 1615 S. Orlando Ave

2a. Mailing Address

26 3 AMSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 X

27

City & State

23 Maitland FL

City & State

28

Zip

24 32751

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-3281109

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHEELER, KENNETH B ESQ.
300 GARFIELD AVE. SUITE 100
WINTER PARK FL 32789-3179

10. Name and Address of New Registered Agent

81 Name

Robert Hoekstra

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

212 Summerwood Trail

83

84 City

Maitland

FL

85 Zip Code

32751

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

Robert H. Hoekstra

Robert H. Hoekstra

1/10/96

12. OFFICERS AND DIRECTORS

TITLE PC HARRINGTON, JULIE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
212 SUMMERWOOD TRAIL
MAITLAND FL 32751

TITLE VVC HOEKSTRA, BOB ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
212 SUMMERWOOD TRAIL
MAITLAND FL 32751

TITLE SD BEARD, TORI ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
655 MAIN STREET
ALTAMONTE SPRINGS FL 32701

TITLE TD BEARD, JIM ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
655 MAIN STREET
ALTAMONTE SPRINGS FL 32701

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

1.4 CITY - ST - ZIP

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 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 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.

SIGNATURE:

Robert H. Hoekstra

Robert Hoekstra

1/10/96

417-260-9659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)