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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95280** **(6)**

1. Corporation Name
FRASUER KNIGHT ASSOCIATES, ARCHITECTS AND PLANNERS, A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
8525 SW 92ND ST., B-9 MIAMI FL 33156-7374	8525 SW 92ND ST., B-9 MIAMI FL 33156-7374

3. Date Incorporated or Qualified: **08/05/1982**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business
21 **8955 SW 87 COURT**
Suite, Apt. #, etc
22 **206**
City & State
23 **MIAMI FL**
Zip 24 **33176** Country 25 **USA**

2a. Mailing Address
26 **8955 SW 87 COURT**
Suite, Apt. #, etc.
27 **206**
City & State
28 **MIAMI FL**
Zip 29 **33176** Country 30 **USA**

4. FEI Number: **59-2213115** ☐ 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
STRICKROOT, JOHN C
175 NW 1ST AVE 11 FLR
COURTHOUSE CENTER
MIAMI FL 33128-8817

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **100 SE 2nd STREET, 17 FLOOR**
INTERNATIONAL PLACE
84 City **MIAMI** **FL** 85 Zip Code **33131**

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KNIGHT, C. FRASUER		1.2 NAME		
STREET ADDRESS	8525 SW 92ND ST., B-9		1.3 STREET ADDRESS	8955 SW 87 COURT, 206	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KNIGHT, MARTHA S.		2.2 NAME		
STREET ADDRESS	8525 SW 92ND ST., B-9		2.3 STREET ADDRESS	8955 SW 87 COURT, 206	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: C. Frasuer Knight (C. FRASUER KNIGHT PRES.) 3.10.97 (305)279.3688