

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F97307

1. Entity Name
VAUGHN, WUNSCH, MASULLO ARCHITECTS, P.A.



Principal Place of Business
2631 E. OAKLAND PARK BLVD.
SUITE 210
FORT LAUDERDALE, FL 33306 US

Mailing Address
2631 E. OAKLAND PARK BLVD.
SUITE 210
FORT LAUDERDALE, FL 33306 US

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2214333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fes Required

6. Name and Address of Current Registered Agent

WUNSCH, ROBERT J.
2631 E. OAKLAND PARK BLVD., SUITE 210
FORT LAUDERDALE, FL 33306

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
WUNSCH, ROBERT J.
2631 E. OAKLAND PARK BLVD., SUITE 210
FORT LAUDERDALE, FL 33306

U00000170210
08/16/04-80006-003 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MASULLO, JOSEPH A.
2631 E OAKLAND PARK BLVD STE 210
FT. LAUDERDALE, FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/04 954 528 6007
Date Daytime Phone #