

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 # **G22768** (7)

1. Corporation Name

SLATTERY - ROOT ARCHITECTS, P.A.



Principal Place of Business

**1098 N W BOCA RATON BLVD.
BOCA RATON FL 33432**

Mailing Address

**1098 N W BOCA RATON BLVD.
BOCA RATON FL 33432**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
02/02/1983

3a. Date of Last Report
02/10/1995

4. FEI Number

59-2260589

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

**SLATTERY, PAUL
1098 N.W. BOCA RATON BLVD., #2
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 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

(Signature typed or printed in block letters, and the name of the person signing)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

11.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

11.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

11.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

11.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

11.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

11.7 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
☐ Change ☐ Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
☐ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP
☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST, ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

401-392-3720

CR2E034 (12/95)