FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOI 1. Corp

(9)

FILED Jan 17 1997 8:00am Secretary of State

OCUMENT # G68265	
CHARLES A. DECKER, A.I.A., P.A.	

Principal Place of Business Mailing Address 6235 GEORGIA AVE 6235 GEORGIA AVE BRADENTON FL 34207-5028 **BRADENTON FL 34207** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1996 11/08/1983 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2337105 Not Applicable 26 Suite, Apt. #, etc. Suite Apl # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHRISTIANSEN & DEHNER, P.A. 2975 BEE RIDGE RD 82 Street Address (P.O. Box Number is Not Acceptable) STE C 83 SARASOTA FL 34239 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signarive improfice printed name of regulered agent and little diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST DELETE Change Addition TITLE 1.1 TITLE DECKER, CHARLES A. 1.2 NAME NAME 6235 GEORGIA AVE. STREET ADDRESS 13 STREET ADDRESS BRADENTON FL CITY - ST - ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETE __ Change Addition 31 TITLE 3.2 NAME NAME STREET ACCIRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block

CITY - ST - ZIP

CHAPLES ADECIGAL 1-9-97

6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fiting 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 corporation or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Davime Phone #

(96/6)