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PROFIT CORPORATION ANNUAL REPORT



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

1996

G79917

(2)

DOCUMENT #

1. Corporation Name CLEMENS BRUNS SCHAUB/ARCHITECTS AND ASSOCIATES, P.A.

P.A.		·					
Principal Place of Business	Mailing Address				10 10101 (1011 1001 SI	itry mithir mater Ratia	E OEBAN DIBIN 1881
3383 OCEAN DRIVE VERO BEACH FL 32964-1160	P.O. BOX 4160 VERO BEACH FL 32964-4160 US						
				 Date Incorporated or 0 01/20/1984 	Qualified 3a.	04/03/19	
F	a. Mailing Address			4. FEI Number	L		Applied For
[21] [26]	d			59-2366239			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired 🔲		Additional Required
City & State	City & State			6. Election Campaign Fin	ancing		0 May Be
28]			1rust Fund Contributio	, LJ		d to Fees
Zip Country	ր ՝ ├──┐	Country	,	8. This corporation has lia			199.032,
24 25 29		r		Florida Statutes 10. Name and Address	Yes N		
g. Name and Address of Current Reg	istered Agent	81	Name		JI New negiste	neu Agent	
SCHAUB, CLEMENS B.		-		750 6- 17-16-7-10-7	A		
3383 OCEAN DRIVE		82	Street	Address (P.O. Box Number is Not	Acceptable)		
VERO BEACH FL 32963		83					
		84	City	*		85 Zij	p Code
				— — — — — — — — — — — — — — — —		┡┖╎╎	
11. Pursuant to the provisions of Sections 637.0602 and 6 or registered attent or both, in the State of Florida Sufamiliar with, and accept the obligations of Section of Signature	ch change was authorized by the a change was authorized by the 7.07-05, Florida Statutes.	above : ie corp	named d ioration's	cuploration submits this statement to be added acception and of directors. Thereby acception	or the purpose of the appointment	or changing its r nt as registered :2146	egistered office Lagent, Lam
Signature, typed or printert non elob registered agent end title			Jisgial ne	n producerne stang	AC	Mr.	
TILE PD OFFICERS AND DIRE		3. 1 HILE		ADDITIONS/CHANGES	3 TO OFFICERS	AND DIRECTO	ORS IN 12 Addition
NAME SCHAUB, CLEMENS BRUNS		2 NAME				☐ Grange	☐ X00000011
STREET ADDRESS 3383 OCEAN DRIVE			LADDRESS				
CITY-ST-ZIP VERO BEACH FL	1	.4 CITY - S	S1 - ZIF				
TITLE	□ DELFTE 2	2 1 11/14				Change	Addition
NAME	2	2.2 NAMč					
STREET ADDRESS			ADDIRESS				
CITY-ST-ZIP	·····	4 CHY-S	31 - 216'			Change	Addition
NAME:	_	2 NAMÉ				Onenge	
STREET ADDRESS	*		T ADDRESS				
CITY - ST - ZIP		4 OIFY - 9					
TITLE	☐ DELETE 4	1 1111 F				Change	Add-tion
NAME	4	2 NAME					
STREET ADDRESS	4	3 STREET	i address				
CITY+ST-ZIP		4 O TY - S	ST - ZIP				C Addition
TITLE		1 T-TLE 2 NAME				☐ Change	☐ Addition
STREET ADDRESS			i address				
CITY-ST-ZIP		4 CITY-S					
TILE		1 Ti?LE				Change	Addition
NAME	6	2 NAME					
STREET ADDRESS	6	3 STAFE	I ADDRESS				
City-St-ZiP 14. I do hereby certify that the information supplied with to		4 CITY - 9	ST-ZiP is not au	inity for the exemption stated in Se	otion 110 07/07	A. Eleviela Chin	A 16.41

cate indexity carmy 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 birector 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 Biographical changed, 6 (4) a ratachment with an articless

SIGNATURE:

007 2311484