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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H17897 (0)
1. Corporation Name
ROBERT REID WEDDING ARCHITECTS & PLANNERS, A.I.A.
., INC.



Principal Place of Business Mailing Address
4112 CYPRESS ST. 4112 CYPRESS ST.
TAMPA FL 33607 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 08/23/1984	
4. FEI Number 59-2418685	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HIMES, RUTH BARNES
ONE HARBOUR PLANCE, STE. 700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name CT CORPORATION SYSTEM
82	Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD
83	
84	City Plantation
85	Zip Code 33324

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 *Danara A. Burke* DATE *2-6-98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEDDING, ROBERT REID	1.3 STREET ADDRESS	
STREET ADDRESS	4112 CYPRESS ST.	1.4 CITY - ST - ZIP	
CITY - ST - ZIP	TAMPA FL	2.1 TITLE	
TITLE	ST	2.2 NAME	
NAME	WEDDING, ROBERT REID	2.3 STREET ADDRESS	
STREET ADDRESS	4112 CYPRESS ST.	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	TAMPA FL	3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY - ST - ZIP	
CITY - ST - ZIP			

14. I 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 in an attachment with an address.

SIGNATURE *Danara A. Burke* DATE *2-6-98*

CR2E034 (10/97)