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

Mailing Address

STE 109

26

27

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1280 N CONGRESS AVE

W PALM BEACH FL 33409

Suite, Apt. #, etc.

2a. Mailing Address

City & State

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H19795

1. Corporation Name

Principal Place of Business

1280 N CONGRESS AVE

W PALM BEACH FL 33409

Suite, Apt. #, etc.

City & State

**SIGNATURE** 

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2. Principal Place of Business

RICHARD WENSING ARCHITECTS & PLANNERS, P.A.

Country

	Codinity	⊢¬ <sup>∠</sup> 'P		ili y			8. This corpor		e current year		_	
24	25	29	30					operty Tax.		K Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
				81	Name	ne						
WENSING, RICHARD 1280 N CONGRESS AVE					044	.4 4 4-4	- (D.O. D.:: N.::					
					82 Street Address (P.O. Box Number is Not Acceptable) "							
STE 109							<del></del>			'	•	
W PALM BEACH FL 33409								•				
			ļ	84	City	•		•		. 85 Zip C	ode	
									<u> </u>	L		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the ab	ove-	named	ed corpora	ation submits thi	s statement fo	or the purpose	of changing its	registered	
agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	or Florida. Such change was ions of, Section 607,0505. Fl	autnonzed Iorida Statu	by α tes.	ne corp	rporations	s board of direct	ors. 1 nereby	accept the ap	pointment as rec	gistered	
-												
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	\gent	signature r	re required wi	hen reinstating)		DATE			
12.	OFFICERS AND		13.	<u> </u>	. <u>*</u>			CHANGES T	O OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PST	☐ DELETE	1.1 TITL	E				<u> </u>	0 00	Change	Addition	
NAME	WENSING, RICHARD		1,2 NAA	10					1			
	1280 N CONGRESS AVE #109											
STREET ADDRESS					ADDRESS	55					*	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CIT	Y-ST-	ZIP					•		
TITLE			2.1 TITU	2.1 TITLE						☐ Change	Addition	
NAME	WENSING, RICHARD			2.2 NAME		1			•			
STREET ADDRESS	1280 N CONGRESS AVE #109			EET A	ADDRESS	ss						
CITY-ST-ZIP	W. PALM BEACH FL			2. 4 CITY-ST-ZIP			· ·	· · ·			•	
TITLE	V □ DELETE			3.1 TITLE						☐ Change	Addition	
NAME	WENSING, RICHARD			3.2 NAME					•			
STREET ADDRESS	1000 11 001100500 11/5 #100			3.3 STREET ADDRESS								
CITY-ST-ZIP	W DALLA DEAGLE			3.4. CITY-ST-ZIP								
TITLE				4.1 TITLE				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME				4.2 NAME			•					
ì												
STREET ADDRESS			1		NODRESS	SS				•		
CITY-ST-ZIP			4.4 CITY		ZIP		·····					
TITLE		☐ DELETE	5.1 TITL					* *		☐ Change	☐ Addition	
NAME			5.2 NAM	Œ	f	1						
STREET ADDRESS			5.3 STR	EETA	DDRESS	SS						
CITY-ST-ZIP			5.4 CITY	-ST-	ZIP							
TITLE		☐ DELETE	6.1 TITL	E						☐ Change	☐ Addition	
NAME			6.2 NAM	<b>!</b> Ε								
STREET ADDRESS			6.3 STR	EETA	DORESS	is						
CITY-ST-ZIP			6.4 CITY	-ST-2	ZIP							
	ertify that the information supplied with	this filing does not qualify for			I	ed in Sec	tion 119.07(3)(i)	Florida Stati	utes. I further of	ertify that the in	formation	
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 of the companying the resolution of the companying of the resolution of the resolution of the companying of the resolution o												
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, with all other like empowered.											ars in	
				21.14	- 5							

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

08/31/1984

59-2440939

4. FEI Number

02-18-1999 90051 003 \*\*\*150.00

CR2E034 (11/98)