

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 17 PM 11:11

DOCUMENT # H50147 (8)

1. Corporation Name

LAWRENCE I. JANSSEN, A.I.A. ARCHITECT, INC.

Principal Place of Business

Mailing Address

930 DOGWOOD LN  
APT 155  
DELRAY BCH. FL 33433  
US

P.O. BOX 273681  
#1  
BOCA RATON FL 33427  
7

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/02/1985

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2517568

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

2. Principal Place of Business

2a. Mailing Address

21 2004 N. FED. HIGHWAY

25 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 D-407

27 Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH, FL

City & State

28 BOCA RATON

Zip

24 33435

Country

25 PALM BEACH

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANSSEN, LAWRENCE I A.I.A.  
930 DOGWOOD LN  
DELRAY BCH. FL 33433

81 Name

JANSSEN, LAWRENCE I A.I.A.

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

2004 N. FED. HIGHWAY

83 D-407

84 City

BOYNTON BEACH

FL

85 Zip Code

33435

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 name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
JANSSEN, LAWRENCE I.  
930 DOGWOOD LN  
DELRAY BCH. FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition  
2004 N. FED. HIGHWAY  
BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/11/95 - (407) 735-1333

Date

Daytime Phone #