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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCL	JM	ΕN	ΙT	#

(8)

1. Corporation Name LAWRENCE I. JANSSEN, A.I.A. ARCHITECT, INC.

Principal Place	of Business	Mailing Address				744 CORA BUBIN BABU BEBEL BUDII BIBIN BIBIN HABA
2004 N. FE D-407	D. HWY	P.O. BOX 27	3681			
	BEACH FL 33435	BOCA RATO	N FL 33427			
US		US			3. Date Incorporated or Qualified 04/02/1985	3a. Date of Last Report 04/17/1995
 Principal Pla 	ace of Business	2a. Mailing Addre	SS		4. FEI Number 59-2517568	Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	55.00 May Be
23		28		Ψο.00 ΙΜο		Added to Fees
Zip	Country	Zip	Country	The separation was made and the separation of th		
24	9. Name and Address of Cur	rent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R	
	<u> </u>	Tom Hogistorea Agent	81	Name	IV. Name and Address of New A	ağıstered Ağent
	EN, LAWRENCE I.A.I				/DO D	
	I. FED. HWY D-407		82	Street Add	iress (P.O. Box Number is Not Acceptab	ю)
BOYNI	ION BEACH FL 33435		83			
			84	Carr		last a second
				City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the above n	amed corpo	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office
familiar with	n, and accept the obligations of, S	ection 607.0505, Florida S	tatutes.	Manori S DO2	ard or directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	funca of for	usey of m				4126146
12.	Signature, typed or printed name of redistered a	gent and title if applicable AND DIRECTORS	(NOTE: Registered Agent	signature require		DATE
THILF	DST	DELE	13. TE 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	
NAME	JANSSEN, LAWRENCE I		1.2 NAME	4	TANSSEN, LAWRENCE	54. Perands D Addition
STREET ADDRESS	-930 DOGWOOD LN		1.3 STREET	ADDRESS 7	pr. D.407	
CHY-S1-ZiP	-DELRAY BCH. PL		1.4 CITY - ST	-7IP 2	004 N. FED OYNTON BEACH,	E 33435
TITLE		DELE.		- 15	OFNION PERCUI	Change Addition
NAME			2 2 NAME	İ		
STREET ADDRESS			2 3 STREET	ADDRESS		
CITY - ST - ZIP			2 4 CITY- \$1	- ZIP		
TITLE		☐ DELET	JE 3. 1 TITL€			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREET			
CITY-ST-ZIP TITLE		[□ DELET	3.4 CITY - ST IE 4 1 TITLE	-ZIP		Change
NAME			4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 DITY-ST	1		
TITLE		☐ DELET				☐ Change ☐ Addition
NAME			5.2 NAME			_
STREET ADDRESS			5.3 STREET	ADDRESS		
C+TY - ST - Z+P	····		5.4 CITY - ST	- ZIP		
TITLE		☐ DELET				☐ Change ☐ Addition
NAME CLOSET ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET A			
14. I do hereby	certify that the information supplie	ed with this filing is voluntar	6.4 CITY-ST rily furnished and does	not qualify f	or the exemption stated in Section 119.0)7/3)/k/ Florido Statutas 1 fuelhas
oath; that I	tne information indicated on this ai	nnual report or supplement rporation or the receiver or	tal annual report is true trustee empowered to	e and accura execute thin Lawrence	ate and that my signature shall have the sis report as required by Chapter 607, Floor I. Janssen,	same legal effect as if made under rida Statutes; and that my name
SIGNATI	URE: Laure SIGNATURE AND TYPED	·	OFFICER ON DIRECTOR	P.O. B	hitect, Inc. ox 273681 on, FL 33427	06 (407)738-133

4/26/86 (407)738 1333