

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 FEB 24 PM 4:08

DOCUMENT # J05134 (8)

1. Corporation Name

PHILIP MARTIN ARCHITECTURAL ASSOCIATES, P.A.

Principal Place of Business

3750 YACHT CLUB DRIVE
AVENTURA FL 33180
US

Mailing Address

3750 YACHT CLUB DRIVE
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0000904	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.04, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 19495 BISCAYNE BLVD.	26 19495 BISCAYNE BLVD.
22 Suite, Apt. #, etc. 201	27 Suite, Apt. #, etc. 201
23 City & State AVENTURA FL	28 City & State AVENTURA FL
24 Zip 33180	29 Zip 33180
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

MARTIN, PHILIP
3750 YACHT CLUB DRIVE
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, 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

Philip Martin

2/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PVT	TITLE	
NAME	MARTIN, PHILIP	1. NAME	
STREET ADDRESS	3750 YACHT CLUB DRIVE	1. STREET ADDRESS	19495 BISCAYNE BLVD, SUITE 201
CITY, ST, ZIP	AVENTURA FL	1. CITY, ST, ZIP	AVENTURA, FL 33180
TITLE		2. TITLE	
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.04 and 199.05, 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 this corporation or its owner or holder 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.

SIGNATURE:

Philip Martin

PHILIP MARTIN

2/21/95 (305) 937-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR