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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

HUNTINGTON GROUP-ARCHITECTS, INC.

FILED Apr 27 1998 8:00am Secretary of State

2: 12:					8/8
Principal Plac		Mailing Address			***************************************
330 SW S. R SUITE 207	IVER DRIVE	330 SW S. RIVER DRIVE SUITE 207			
STUART FL 34997		STUART FL 34997		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				08/29/1986	
⊢ ⊸ '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				59-2722331	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State					Fee Required
23	e e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	·	Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Current year intangible
	9. Name and Address of Currer		1001	10. Name and Address of New Register	
HU	INTINGTON, WM. ROBERT		B1 Name		
330	SW SIUTH RIVER DRIVE		62 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ITE 207		Slidel Add	aress (F.O. Box Number is Not Acceptable)	
STI	UART FL 34997		83		
			84 City		1551 7'- O. d.
			OH City	F	85 Zip Code
SIGNATURE	egistored agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age		authorized by the corpora orida Statutes. E. Rogistered Agent signature requ	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
12.		D DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	HUNTINGTON, WM. ROBERT		1.2 NAME		
STREET ADDRESS	330 SW SOUTH RIVER DRIVE	#2 07	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		į,
TITLE	TS	☐ DELETE	2.1 TITLE		Change Addition
NAME	HUNTINGTON, AMELIA E.	***	2.2 NAME		
STREET ADDRESS	330 SW SOUTH RIVER DRIE	#207	2.3 STREET ADDRESS		
CITY-ST-ZW	STUART FL	00.000	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 CITY-ST-ZIP		Change Address
NAME		□ retest	4.1 TITLE		Change Addition
STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	51 THILE		☐ Change ☐ Addition
NAME		**************************************	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
44 15 15	- CE ALLIA I C C C	4 11 1 11 11	. 		

r nereby 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 composition 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 attaching mywith apparents.