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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF:TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90025 014 ***150.00

DOCUMENT # J42818 1. Corporation Name

SLA ARCHITECTS AND PLANNERS, INC.

Principal Place of Business			Mailing Address				
				FARMS RD #225			
PALM BCH GARDENS FL 33410			PALM BCH GARDENS FL 33410				DO NOT WINTE IN THIS COACE
US			US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 11/12/1986
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				65-0384600 Not Applicable
Suite, Art. #, etc.			Suite, Apt. #, etc.				\$8.75 Acditional
			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
			28				Trust Fund Contribution Added to Fees
Zip	Coun ry	- 20		Cou	ntrv		8. This corporation owes the current year Intangible
	25	29]	30	,		Personal Property Tax.
24	9, Name and Address of Current		etered Agent	130	Γ		10. Name and Address of New Registered Agent
	9. Name and Address of Culten	regi	Stered Agent		81	Name	
J F GA	AN, JOSEPH R.]		
6130 BRANDON STREET					82	Street A	Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33418							
FALR	A DEACH GARDENS IL 33410				83		
					84	City	85 Zip Code
					"	Oity	FL " "
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.							
SIGNATUFE		t our of alab	- 4 applies /AIOT	- Pagietered	Anen	eignature rec	required when reinstating) DATE
	Signature, typed or printed na ne of registered agen OFFICERS AN			13,	Agen	signatore rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD) DIK	DELETE	1.1 11	n =		Change Addition
TITLE				- 1			
NAME	LEGAN, JOSEPH R		NP.	1.2 N			
STREET ADDRESS	11382 PROSPERITY FARMS RU	7 #22	23	135	REE	ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL			1.4 CI	TY-S1	-ZIP	
TITLE	VD		DELETE	2.1 Ti	TLE		☐ Change ☐ Addition
NAME	ST. ANTOINE, JAMES G.			22 N	ME		
STREET ADDRESS	11382 PROSPERITY FARMS RI) #2 2	25	2.3 \$	REET	ADDRESS	}
CITY-ST-ZIP	PALM BCH GARDENS FL			2.40	ITY-S	T-ZIP	
TITLE	STD		☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME	CROSS, CORY S.			3.2 N	AME	1	
STREET ADDRESS	11382 PROSPERITY FARMS RE	#22	25	- 6		ADDRESS	
	PALM BCH GARDENS FL	,,			ITY-S		
CITY-ST-ZIP	TALM BOTT GATIBLIOTE		☐ DELETE	4.1 TI		1-21	Change Addition
TITLE				4.1 N		- 1	
NAME							
STREET ADDR ISS				1	_	ADDRESS	
CITY-ST-ZIP					TY-S	-ZIP	Change Addition
TITLE			☐ DELETE	5.1 TI		Í	Change Addition
NAME				5.2 N			
STREET ADDRESS				5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	<u> </u>				TY-\$1	-ZIP	
TITLE			☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME				6.2 N	AME		
STREET ADDEESS				6.3 S	TREET	ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(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 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 if changed, or on an attachment with an address, with all other like empowered.

4-36-99 561-626-6599