


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

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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J95924 (3) 1. Corporation Name RICHARD S. POLLACK ARCHITECTS, INC.			
Principal Place of Business % RICHARD S. POLLACK 9485 SW 72ND ST SUITE A-247 MIAMI FL 33173		Mailing Address % RICHARD S. POLLACK 9485 SW 72ND ST SUITE A-247 MIAMI FL 33173-3228	
2. Principal Place of Business 21 4386 MARINER ROAD Suite, Apt #, etc. 22 City & State 23 BONITA SPRINGS Zip 24 34134 Country 25 LEE		2a. Mailing Address 26 4386 MARINER ROAD Suite, Apt #, etc. 27 City & State 28 BONITA SPRINGS Zip 29 34134 Country 30 LEE	
3. Date Incorporated or Qualified 10/05/1987		3a. Date of Last Report 01/19/1996	
4. FEI Number 65-0020878		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent POLLACK, RICHARD S. 9511 S.W. 81ST ST. MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name (NO CHANGE) 82 Street Address (P.O. Box Number is Not Acceptable) 4386 MARINER ROAD 83 84 City BONITA SPRINGS FL 85 Zip Code 34134	
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: <i>Richard S. Pollack</i> DATE: 1-19-97			
12. OFFICERS AND DIRECTORS TITLE P NAME POLLACK, RICHARD S. STREET ADDRESS 9511 S.W. 81ST ST. CITY-ST-ZIP MIAMI FL [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 4386 MARINER ROAD 1.4 CITY-ST-ZIP BONITA SPRINGS, FL. 34134 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby 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 included 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 if changed, or on an attachment with an address. SIGNATURE: <i>Richard S. Pollack</i> DATE: 1-19-97 (941) 992-5158 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)