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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # K08891

(9)

ARCHITECTURAL DESIGN TECHNIQUE, INC.				S ARBODON DON BOING HOURT HOME SOME HIRE BOOM BOOM BOOM BOOM BOOM BOOM	
Principal Place of Business 204 SOUTH CLARK AVE. TAMPA FL 33609		Mailing Address 204 SOUTH CLARK AVE TAMPA FL 33609			
US		US		3. Date Incorporated or Qualified 12/24/1987	3a. Date of Last Report 04/25/1995
2. Principal Plac	re of Business	2a. Mailing Address		4. FEI Number	Applied For
21	200000000000000000000000000000000000000	26		59-2862212	Not Applicable
Suite, Apt. #,	etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Hequired
City & State		Orty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Complex	28	Country	8. This corporation has liability for i	Added to Fees
Zφ	Country 25	Z _I p 29	30		□ No
24	9. Name and Address of Cur			10. Name and Address of New F	tegistered Agent
ROLF, KU 105-S-0'E TAMPA-FI	BRIEN ST-		83	dress (P.O. Box Number is Not Acceptate 04 5, CLARK	AUE.
				SMPA	FL 33607
or registere	the provisions of Sections 607.03 d agent, or both, in the State of F i, and accept the obligations of, S	lorida. Such change was authori	zed by the corporation's bu	oration submits this statement for the pur and of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE	Last Kolf	ノ	DTE: Rigistered Agent signature regio		Feb 29,1996
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES 10 OFF	TICERS AND DIRECTORS IN 12
TITLE	0	DELETE	i 1 TITLE	Same	
NAME	ROLF, KURT R.		1.2 NAME	204 S. CLARK AV	٥,
STREET ADDRESS	TOS S O'BRIEN ST TAMPA FL		1.3 STREET ADDRESS 1.4 CHY-SE-ZIF	TAMPA, FL. 3360	ን ን
CITY-SI-ZIP TITLE	IAMEATL	☐ DELETE	2 13/116	<u> </u>	Change Addition
NAME			2.2 NAMS		
STREET ADDRESS			2.3 STREET ADDRESS		
C 1Y - ST - Z-P			2 4 CHY-\$1 - ZIP		
TITLE		☐ DECETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST-ZIP			3 4 City-ST-ZiP		Chases Addition
TIFLE		☐ DELETE	4 1 TBLF		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
C(TY-ST-ZIP		DELETE	4.4 CiTY - S1 - ZIP		Change Addition
111LE		L) better	5 1 T ILF		Consider Constitution
NAME CIRCLI ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			54 CITY ST ZIP		
CITY+ST-ZIP TIT, E		DELFTE	6 1 THILE		☐ Change ☐ Addition
NAME		<u>.</u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7/P			6.4 City St-ZiP		
14. I do hereby certify that oath: that I	the information indicated on this :	annual report or supplemental ar orporation or the receiver or trusi	nnual report is true and accu tee empowered to execute	y for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 607, F	e same legal effect as il filage unger

SIGNATURE:

Lest R. Kell TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 813 286 3613