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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 16 1997 8:00am

Secretary of State

Change

☐ Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K42263

(9)

Mailing Address

ROMBERGER ASSOCIATES, ARCHITECTS, P.A.

2411 NW 28TH ROAD BOCA RATON FL 33431 US	2411 NW 29TH ROAD BOCA RATON FL 33431-620 US	07	Date Incorporated or Qualified 10/31/1988	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	·············
21	26		65-0080800	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		03 000000	60.76
City & State	27		5. Certificate of Status Desired	Fee Required
23	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	tanoible tax under s. 199.032
24 25	29	30		Yes No
g, Name and Address of Current	Registered Agent		10. Name and Address of New Reg	stered Agent
MENKHAUS, DAVID J.		81 Name		
4800 N FEDERAL HWY, STE 210A		82 Street Add	ress (P.O. Box Number is Not Acceptable	
BOCA RATON FL 33431		62 Sireet Add	ress (F.O. Box Number is Not Acceptable	e)
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat	il Florida. Such change was au	dborized by the comoral	poration submits this statement for the pution's board of directors. I hereby accept	races of shanning its variable of
SIGNATURE Signature, typed or printed name of registered agent	and little if applicable (NO1E:	Registered Agent signature requi	red when reinstaling)	DATE
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE PST	DELETE	1.1 TOTLE		Change Addition
NAME ROMBERGER, WILLIAM X A STREET ADDRESS 2411 NW 29TH ROAD	•	12 NAME R	MBERGER, WILLIAM	4 A.
		1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		.		Change C recomen t
STREET ADDRESS		2.2 NAME		Change reconon
l [2.2 NAME 2.3 STREET ADDRESS		Change Pathion
CITY-ST-ZIP				Change Tradinon
TITLE	DELETE	2.3 STREET ADDRESS		Change Addition
	DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		·
TITLE	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		·
TITLE NAME	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		·
TITLE NAME STREET ADDRESS	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		·
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

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 indicated on this annual report or supply intensity annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corp incline of the eceiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if quintied, of on an attachment with an address.

DELETE