


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

FILED  
Jan 27 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # K71926 (5)</b>			
<b>1. Corporation Name ARCHITECTURAL CONSULTANTS CORPORATION</b>			
<b>Principal Place of Business 777 S HARBOUR ISLAND BLVD #970 TAMPA FL 33602</b>		<b>Mailing Address 777 S HARBOUR BLVD STE 825 TAMPA FL 33602 US</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
21 <b>3701 W. AZEELA ST. TAMPA, FL 33609</b>		28 <b>3701 W. AZEELA ST. TAMPA, FL 33609</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 <b>TAMPA, FL</b>		28 <b>TAMPA, FL</b>	
24 <b>33609</b> 25 <b>USA</b>		29 <b>33609</b> 30 <b>USA</b>	
<b>3. Date Incorporated or Qualified 03/09/1989</b>			
<b>4. FEI Number 59-2938976</b>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>STEFANY, JOHN E. 808 BAYSIDE DR. TAMPA FL 33609</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		<b>FL</b>	
<b>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.</b>			
<b>SIGNATURE</b> <i>John E. Stefany</i>			
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>			
1.1 TITLE <b>PD</b> <input type="checkbox"/> DELETE			
1.2 NAME <b>STEFANY, JOHN E.</b>			
1.3 STREET ADDRESS <b>808 BAYSIDE DR.</b>			
1.4 CITY-ST-ZIP <b>TAMPA FL</b>			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE <b>TS/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME <b>BARBARA J. STEFANY</b>			
1.3 STREET ADDRESS <b>808 BAYSIDE DR. TAMPA, FL 33609</b>			
1.4 CITY-ST-ZIP <b>TAMPA, FL 33609</b>			
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			



DO NOT WRITE IN THIS SPACE

**14. I 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 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:** *John E. Stefany* **JOHN E. STEFANY 1/19/98 (813) 263-XXXX**

CR2E034 (10/97)