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

· PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K71926

ARCHITECTURAL CONSULTANTS CORPORATION

Principal Place	of Business	Mailing Address		( 188181) SII (1888) HAIR THE THE STATE OF T	
3701 W AZELLE	ST	3701 W AZEELE ST		•	
		TAMPA FL 33609		DO NOT WRITE IN THIS SPACE	
US US					
•.				3. Date Incorporated or Qualified.	,
				03/09/1989 4. FEI Number	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address		"   T   T   T   T   T   T   T   T   T	
21	<u> </u>	26		00 2000010	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22		27			
City & State	e	City & State		6. Election Campaign Financing ' \$5.00 May Be Added to Fees	
23		28		110011011011011111111111111111111111111	
		Zip	Country	8. This corporation owes the current year Intangible	
24	25		30	Personal Property Tax. Li Yes  10. Name and Address of New Registered Agent	
	9. Name and Address of Curre		81 Name	10. Name and Address of New Registered Agent	
CTE	PANY YOUN E		o i Name		
STEFANY, JOHN E.			82 Street Address (P.O. Box Number is Not Acceptable)		
			84 City 85 Zip Code		
	e- 34	And the second second	'	FL   T	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of changing	its registered registered
office or r	egistered agent, or both, in the state m familiar with and accept the oblic	rations of Section 607.0505, Flori	thorized by the corporati o <u>d</u> a Statutes.	ons board of directors. Thereby accept the appointment as	7
agent. ra	Well 70	1 Somme		poration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment as	t
SIGNATURE	Signature, typed of printed name of registered as		egistered Agent signature require	ed when reinstating): 't' DATE.	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PD	DÉLETE	1.1 TITLE	Chan	ge 🔲 Addition
NAME	STEFANY, JOHN E		1.2 NAME	•	1
STREET ADDRESS	808 BAYSIDE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	-	1.4 CITY-ST-ZIP	<u> </u>	
TILE	TSD	☐ DELETE	2.1 TITLE	Char	
NAME	STEFANY, BARBARA J		2.2 NAME		ige 🔲 Addition
STREET ADDRESS	ONG BAYSIDE DRIVE			,	ige
CITY-ST-ZIP	TAMPA FL 33609		2.3 STREET ADDRESS	· · · · ·	ige Addition
TITLE 5-1212	17441 74 T C 00000				ige Addition
T Sit	The state of the s	ODELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Char	·
NAME.	杨岳连 话写的第三人称单		2. 4 CITY-ST-ZIP 3.1 TITLE	, Char	·
		IOS □ DELETE  HOPPCASSON	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		nge
STREET ADDRESS	杨岳连 话写的第三人称单		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		nge
CITY-ST-ZIP		OTPHOREGE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	☐ Char	nge Addition
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	1000 A. 海岛建筑线线	nge Addition
CITY-ST-ZIP TITLE NAME	20日本の日本の 自然を表示の第2日 日本の日本の 「インタリー」とは、 14日	DELETE	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	1000 A. 海岛建筑线线	nge Addition
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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 is 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 of the requirement of trustee empowered or 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90043 040 \*\*\*150.00