

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L16245** (7)
1. Corporation Name
ROBERT ELLIS NELSON & ASSOCIATES ARCHITECTS, INC



Principal Place of Business Mailing Address
**1800 N KRONE AVE
HOMESTED FL 33030
US** **1800 N KRONE AVE
HOMESTD FL 33030
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **09/15/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0134406** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**GUEST, JAMES M.
311 N.E. 8TH ST., SUITE #105
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 *N/A* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		TITLE		☐ Change	☐ Addition
NAME	NELSON, ROBERT E.			NAME			
STREET ADDRESS	17345 SW 297 TER			STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			CITY - ST - ZIP			
TITLE	D	☐ DELETE		TITLE		☐ Change	☐ Addition
NAME	NELSON, JAMIE A.			NAME			
STREET ADDRESS	17345 SW 297 TER			STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			CITY - ST - ZIP			
TITLE		☐ DELETE		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ DELETE		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ DELETE		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 named 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (TOR)

Date

Daytime Phone

CR2E034 (12/95)