FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54416** **(7)**

1. Corporation Name
VIE ARCHITECTURAL DESIGN, INC.

Principal Place of Business	Mailing Address
% RAYMOND A. MACK, JR. 1 W CAMINO REAL SUITE 206 BOCA RATON FL 33432	% RAYMOND A. MACK, JR. 1 W CAMINO REAL SUITE 206 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 08/30/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: 65-0186376 ☐ 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/is liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACK, RAYMOND A., JR.
726 ST. ALBANS DRIVE
BOCA RATON, FL 33432

10. Name and Address of New Registered Agent

81 Name: MACK, RAYMOND A., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 440 Pine Circle
83
84 City: BOCA RATON FL 85 Zip Code: 33432

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name(s) changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DTS	☒ Change ☐ Addition
NAME	MACK, RAYMOND A., JR.	12 NAME	RAYMOND A. MACK JR.	
STREET ADDRESS	726 ST ALBAMS DR.	13 STREET ADDRESS	440 PINE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	CLINE, TERESA H.	22 NAME	DELETE -- NO LONGER	
STREET ADDRESS	726 ST. ALBAMS DR.	23 STREET ADDRESS	ASSOCIATED W/COMPANY	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	REEVES, PHILLIP E.	32 NAME		
STREET ADDRESS	3623 NW 67TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 5/1/95 407-393-0606
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0437334 FP