

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L54416 (7)
 1. Corporation Name
VIE ARCHITECTURAL DESIGN, INC.

Principal Place of Business % RAYMOND A. MACK, JR. 1 W CAMINO REAL, SUITE 206 BOCA RATON FL 33432	Mailing Address % RAYMOND A. MACK, JR. 1 W CAMINO REAL, SUITE 206 BOCA RATON FL 33432-5986
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip Country		3. Date Incorporated or Qualified 03/02/1990	3a. Date of Last Report 11/08/1996
				4. FEI Number 65-0186376	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MACK, RAYMOND A JR. 6542 CONTEMPO LN BOCA RATON FL 33433				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	
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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 _____
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MACK, RAYMOND A JR.	1.1 TITLE MACK, RAYMOND A JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6542 CONTEMPO LN		1.2 NAME 6542 CONTEMPO LN	
CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS BOCA RATON FL	
TITLE V	REEVES, PHILLIP E	1.4 CITY-ST-ZIP COCONUT CREEK FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3623 NW 67TH STREET		2.1 TITLE REEVES, PHILLIP E	
CITY-ST-ZIP COCONUT CREEK FL	<input type="checkbox"/> DELETE	2.2 NAME 3623 NW 67TH STREET	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS COCONUT CREEK FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP COCONUT CREEK FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/30/97** Daytime Phone # **561-393-0606**

CR2E034 (9/96)