PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L58521 FILER & HAMMOND ARCHITECTS, INC. (0)

## **FILED** Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
7438 A S.W. 48TH STREET 7438 A S.W. 48TH STREET MIAMI FL 33155 MIAMI FL 33155						į		
US	1133	US .				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						03/20/1990		
Principal Place of Business     2a. Mailing Address						4. FEI Number	I A	pplied For
21		26				65-0209859	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the o	current year In	tanoible
24	25		30			Personal Property Tax due June 30.  Yes No		
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New Registered Agent				
FILER, ROBERT JEROME				81	Name			
7438 A S.W. 48TH STREET			82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155			DZ Sileer Address			ss (r.o. box number is not Acceptable)		
			Ī	83				
			ļ	-				
			ĺ	84 (	City	F	85 Zip	Code
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								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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, Fiorida 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		13.			ADDITIONS/CHANGES TO OFFICERS A	VD DIRECTOR	RS IN 12
TITLE	D	DELETE	LETE 1.1 TITT				Change	☐ Addition
NAME	FILER, ROBERT JEROME		1.2 NAME		1			
STREET ADDRESS	7438A SW 48 STR		1.3 ST	REET AD	ORESS			İ
CITY - ST - ZIP	Miami Fl			Y-ST-Z				
TITLE	D	DELETE	2.1 TIT		,,,,		Change	Addition
NAME	FILER, ANNETTE ELIZABETH	<del>_</del>	2.2 NA					
STREET ADDRESS	7438A SW 48 STR			REET ADI	Dates			
CITY-ST-ZIP	MIAMI FL			TY-ST-7				
TITLE	D	☐ DELETE	3.1 TIT		ZIP			Addition
NAME	FILER, DEBORAH JANE		3.2 NA				C Change	
STREET ADORESS	7438A SW 48 STR		1					
	MIAMI FL			REET ADO	1			
CITY-ST-ZIP TITLE	INDUM 1 F	☐ DELETE		TY-ST-2	ZIP		☐ Change	Addition
NAME		back	4.1 TITLE 4. 2 NAME				Change	☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS					1
CITY-ST-ZIP		Detere	4.4 CITY - ST - ZIP		IP			11111111
TITLE		☐ DELETE	5.1 TITLE		ĺ		Change	Addition
NAME			5.2 NAM					į
STREET AODRESS				EET ADD				
CITY - ST - ZIP			5.4 CITY - ST		IP			
TITLE		☐ DELETE	6.1 TITL	E			☐ Change	Addition
NAME			6.2 NAN	ΛE	1			
STREET ADDRESS			63 STR	EET ADD	DRESS			1
CITY - ST - ZIP	and the second s		6.4 CITY	Y-ST-ZI	P			
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i nereby 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.

1/26/98

305-444-5714