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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 20150

141

RICHARD ADELSON & ASSOCIATES, ARCHITECTS, INC.  Principal Place of Business  Mailing Address  804 N. BELCHER RD SUITE 100  SUITE 100									
CLEARWATER I	FL 34625	CLEARWATER FL 34625-21 US	03			2 Data Incorporated or Qualified	10- 5	Tato of Lost D	lonori
US		58			3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1990 02/07/1996			ероп	
2. Principal Pl	lace of Business	2a. Marling Address				4. FEI Number			oplied For
21		26				59-3015435			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	×		Additional equired
City & State	9	City & State			<del></del>	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added 1	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangibl	le tax under s	199.032,
24	25	29	30				Yes		
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Ro	egisterec	i Agent	
	LSON, RICHARD		ļ	81	Name				
	N. BELCHER RD.		82 Street Addre			ress (P.O. Box Number is Not Accepta	ble)		
	E 100		ļ	83					
CLE	ARWATER FL 34625		į	-					
			Ì	84	City		FI	<b>85</b> Zip	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a ations of, Section 607.0505, Florent and tilled applicable. (NOT	authorized orida Stat	d by thutes.	ne corpora	poration submits this statement for the tion's board of directors. I heroby accented when reinstants)	pt the ap	ppointment as	registered
12.	<del></del>	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D DOLLON DOLLADO	☐ DEI.€TE	11111		ļ			L Change	Addition
NAME Street address	ADELSON, RICHARD 2670 RED OAK CT		1.2 NA	REET AD	iobt ce				
CITY-ST-ZIP	CLEARWATER FL		1	TY-SI-	1	•			
TITLE	OCCIVITION TO	DELETE	21 TITLE		-			☐ Change	Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 \$1	REET AD	ORESS				
CITY-ST-ZIP			2.4 C	IIY-ST-	ZIP				
TITLE		☐ DELETE	3 1 10	ī L <b>F</b>		e e	:	☐ Change	Addition
NAME			3 2 NA						
STREET ADDRESS				REET AU					
CITY-ST-ZIP		DOLETE	3.4. C. 4.1 III	11Y-ST-	ZIP			☐ Change	Addition
TITLE NAME		VICEIE	4. 2 N					L Clienge	(L) //do//or/
STREET ADDRESS			1	IRFET AD	IDRESS				
CITY-ST-ZIP			- 1	TY-ST-					
TITLE		DELETE	5.1 TI					Change	Addition
NAME			5 2 NA	<b>AME</b>					
STREET ADDRESS			5.3 \$T	REET AC	IDRESS				
CITY-ST-ZIP			5.4 CITY -		ZIP				<del></del>
TITLE		☐ DELETE	6.1 10					L Change	Addition
NAME			6.2 NA						
STREET ADDRESS				TREET AC					
CITY ST-ZIP	ov certify that the information supplie	ed with this filing does not quali		1Y-ST-: exem		d in Section 119.07(3)(i), Florida Statuti	es. I furth	er certify that	the
informatio	on indicated on this annual report or a	supplemental annual report is t r the receiver or trustee empow	rue and a rered to e	accura	ite and tha	I my signature shall have the same leg rt as required by Chapter 607, Florida	al effect a	as if made un	der oath; that

1/4/07

S12/443-1061

**FILED** 

Jan 29 1997 8:00am

Secretary of State