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

PROFIT CORPORATION ANNUAL REPORT

1999

VIOREL FLOREA ARCHITECT, P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 002 ***150.00



		- 			
Principal Place of Business Mailing Address					
3415 PINEWALD DRIVE N. 3415 PINEWALK DRIVE N.					
104		104 Margate FL 33063 US			DO NOT WRITE IN THIS SPACE
MARGATE FL 3 US	3063				3. Date Incorporated or Qualifed
03		00			08/22/1990
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
	acc of Dashioso.	26			65-0211811 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additional
22	, 510-	⊢ ''''	27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			-6. Election Campaign Financing.
23		28	28		Trust Fund Contribution Added to Fees
Zip	Country	·	_ '		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Curre		$\neg \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	-	10. Name and Address of New Registered Agent
			81	Name	
MEA	CHAM, ROBERT C. E		90	Ct1 1	Address (D.O. Boy Number in Net Assestable)
ONE FINANCIAL PLAZA			02	82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 2602			83		
FT. l	AUDERDALE FL 33394		L_		
			84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statutes, th	e above	e-named o	cornoration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was authorations of, Section 607.0505, Florida S	ized by	the corpo	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
_ _	Signature, typed or printed name of registered age			t signature re	quired when reinstating) DATE ADDITIONS OF TAXABLE TO DEFICE DO AND DIDECTORS IN 12
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST		1,1 TITLE		
NAME	FLOREA, VIOREL		.2 NAME	f	FLOREA, VIOREL TON 4104
STREET ADDRESS	3095 MARION AVE.	i i		ADDRESS	3415 PINIONE DE
CITY-ST-ZIP	MARAGATE FL 33063		4 CITY-S	T-ZIP	Change Addition
TITLE	D		2.1 TITLE	-	D O _ ALLO ET
NAME	FLOREA, VIOREL		L2 NAME	1	FLOKEA, VIOLE
STREET ADDRESS	3092 MARION AVE.		2.3 STREET AD		3415 PINEWALK DE NAME
CITY-ST-ZIP	MARAGATE FL 33063		2.4 CITY-ST-ZIP		FLOREA, VIOREL DEN 4 184 3415 PINEWALK DEN 4 184 MARGATE FL 33063 D. Change Addition FLOREA, VIOREL 3415 PINEWALK DR-NHOP MARGATE, FL 33063 Change Addition
TITLE		DELETE :	3.1 TITLE	J	☐ Change ☐ Addition
NAME		3	3.2 NAME		
STREET ADDRESS		3	3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TITLE	- · · · · · ·	☐ DELETE 4	I.1 TITLE	ļ	☐ Change ☐ Addition
NAME			. 2 NAME		·
STREET ADDRESS		4	I.3 STREET	ADDRESS	
CITY-ST-ZIP		4	4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE.	5,1 TITLE	$\neg \neg$	☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME	1	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	F-ZIP	
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	THE STATE OF THE	1,	3.3 STREET	ADDRESS	
	19 4 ×94				

14. I 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, with all other like empowered.

SIGNATURE: