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 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M17778** **(5)**

1. Corporation Name
ARCHITECTURAL BUSINESS INTERIORS, INC.

Principal Place of Business	Mailing Address
2502 ROCKY POINT DR., SUITE 740 TAMPA FL 33607	2502 ROCKY POINT DR., SUITE 740 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1985**
3a. Date of Last Report: **03/02/1994**

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: **59-2556119**	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 City 25 County	29 Zip 30 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARTER, CRAIG R. 2502 ROCKY POINT DR., SUITE 740 TAMPA FL 33607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 (If changing Registered Agent, Registered Agent must sign above) (If changing Registered Office address, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	11 TITLE	☐ Change ☐ Addition
32 NAME	WILKINS, WILLIAM	12 NAME	
33 STREET ADDRESS	2502 ROCKY PT DR., #740	13 STREET ADDRESS	
34 CITY, ST, ZIP	TAMPA FL	14 CITY, ST, ZIP	
35 TITLE	PD	21 TITLE	☐ Change ☐ Addition
36 NAME	BOOTH, WILLIAM H., III	22 NAME	
37 STREET ADDRESS	2502 ROCKY PT DR., #740	23 STREET ADDRESS	
38 CITY, ST, ZIP	TAMPA FL	24 CITY, ST, ZIP	
39 TITLE	STD	31 TITLE	☐ Change ☐ Addition
40 NAME	LAUER, F.BRUCE	32 NAME	
41 STREET ADDRESS	2502 ROCKY PT DR., #740	33 STREET ADDRESS	
42 CITY, ST, ZIP	TAMPA FL	34 CITY, ST, ZIP	
43 TITLE	V	41 TITLE	☐ Change ☐ Addition
44 NAME	BROOKS, JEFFREY	42 NAME	
45 STREET ADDRESS	2502 ROCKY PT DR., #740	43 STREET ADDRESS	
46 CITY, ST, ZIP	TAMPA FL	44 CITY, ST, ZIP	
47 TITLE	CFO	51 TITLE	☐ Change ☐ Addition
48 NAME	HARTER, CRAIG R.	52 NAME	
49 STREET ADDRESS	2502 ROCKY PT DR., #740	53 STREET ADDRESS	
50 CITY, ST, ZIP	TAMPA FL	54 CITY, ST, ZIP	
51 TITLE	D	61 TITLE	☐ Change ☐ Addition
52 NAME	CLARK, PETER B.	62 NAME	
53 STREET ADDRESS	2502 ROCKY PT DR., #740	63 STREET ADDRESS	
54 CITY, ST, ZIP	TAMPA FL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

813-287-8282
Daytime Phone #

0293001 CP