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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 13 1997 8:00am

Secretary of State

2-5-97 561 655-0670

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M49336

in Block 12 or Bloc

SIGNA"

(4)

Mailing Address

THE LAWRENCE GROUP ARCHITECTS, INCORPORATED

205 WORTH AVENUE PALM BEACH FL 33480		205 WORTH AVENUE PALM BEACH FL 33480-4614							
					3. Date Incorporated or Qualified 03/26/1987	Pate of Last Report /25/1996			
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2863300	Applied For Not Applicable			
Suite, Apt. #, ctc. 22 Suite 301		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution			May Be d to Fees
Zip <b>24</b>	Country 25	Zip 29	Со. 30	intry			] Yes [	□ No	s. 199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered .	Agent	
WEA	ARN, JAMES MCCARTNEY, ESQ.			81	Name				
2023	3 NORTH FLAGLER DRIVE ST PALM BEACH FL 33407			82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
				83					
				84	City		FL	<b>85</b> Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent or both, in the State on franchar with, and accept the obligat	of Florida. Such change was	authorize	o by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of	changing ointment a	its registered is registered
SIGNATURE.									
	Signature, typiod or printed name of registered agen			d Ager	nt signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	DELETE	1.1 TI					L. Change	Addition
NAME	LAWRENCE, EUGENE		1.2 N						
\$TREET ADDRESS	205 WORTH AVE., STE. 301		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	PALM BEACH FL	T program	****	ITY-\$1	r-zip			<b>/-1</b> ~	
TITLE	VPD	☐ DELETE	2.1 TI					Change	Addition
NAME	ROBINSON, MARY L.		2.2 N	AME					
STREET ADORESS	205 WORTH AVE., STE. 301		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PALM BEACH FL			CITY - S	T-ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE	TD	☐ DELETE	3.1 T(	TLE		•		L Change	Addition
NAME	LAWRENCE, EUGENE		3.2 N	AME					
STREET ADDRESS	205 WORTH AVE., STE. 301		3.3 S	TREET	ADDRESS				
CITY-ST-2IP	PALM BEACH FL		3.4. 0	CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TI	ITLE	İ			☐ Change	Addition
NAME			4.2 N	AME					
STREET ADORESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-\$1	I-ZIP				
TITLE		☐ DELETE	5.1 TI	ITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADORESS			5.3 S	TREET	ADDRESS				
CITY-S1-ZIP			5.4 C	ITY-SI	r- ZIP				
TITLE		☐ DELETE	6.1 TI	ITLE				Change	- Addition
NAME			6.2 N	AME	}				
STREET ADDRESS			6.3 S	TREET	ADDRESS				

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 another 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

Mary Robinson, VP