

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moriham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35468** (0)  
1. Corporation Name  
**ARCHITECTURAL MANUFACTURERS ASSOCIATION OF FLORIDA, INCORPORATED**



Principal Place of Business <b>3801 W. LAKE MARY BLVD. SUITE 119 LAKE MARY FL 32746 US</b>	Mailing Address <b>3801 W. LAKE MARY BLVD. SUITE 119 LAKE MARY FL 32746 US</b>
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3. Date Incorporated or Qualified <b>11/29/1989</b>	
4. FEI Number <b>59-2972885</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STROPOLI, MICHELE  
SOUTHERN ASSOCIATION MGMT, INC.  
118 W. GREENTREE LANE  
LAKE MARY FL 32746**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida 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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KAH, RANDY</b>	
STREET ADDRESS	<b>3736 E. HILLSBROUGH AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAATZ, BOB</b>	
STREET ADDRESS	<b>3801 W. LAKE MARY BLVD., SUITE 119</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KOSHEFSKY, BOB</b>	
STREET ADDRESS	<b>3801 W. LAKE MARY BLVD., SUITE 119</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADLEY, RICHARD</b>	
STREET ADDRESS	<b>3801 W. LAKE MARY BLVD., SUITE 119</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STROPOLI, MICHELE</b>	
STREET ADDRESS	<b>118 W. GREENTREE LANE</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MICHELE STROPOLI** REQUIRED

(401) 805-0713

CP2E037 (10/97)