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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:07

DOCUMENT # **P02792** **(0)**

1. Corporation Name

GEORGE STAVROPOULOS & ASSOCIATES, A PROFESSIONAL CORPORATION

Principal Place of Business	Mailing Address
STAVROPOULOS ASSOCIATES ARCHITECTS 1000 POTOMAC ST. NW TERRACE LEVEL WASHINGTON DC 20007	STAVROPOULOS ASSOCIATES ARCHITECTS 1000 POTOMAC ST. NW TERRACE LEVEL WASHINGTON DC 20007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1984	3a. Date of Last Report: 05/13/1994
4. FEI Number: 54-1246096	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

ENGELBERG, MORRIS
125 WORTH AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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

11. Pursuant to the provision of Sections 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 _____ DATE
(Signature typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	STAVROPOULOS, GEORGE	12 NAME	
STREET ADDRESS	1000 POTOMAC ST NW	13 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BERNARDINI, RONALD	22 NAME	
STREET ADDRESS	1000 POTOMAC ST NW	23 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	STAVROPOULOS, NORA	32 NAME	
STREET ADDRESS	1000 POTOMAC ST NW	33 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge and belief, the information supplied with this filing is complete, accurate and properly furnished and 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.

SIGNATURE: Nora Stavropoulos NORA STAVROPOULOS 3/9/95 202.835.0992
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0474480 FP