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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 26 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

CITY-ST-ZIP

officer or director of the corporation Block 12 or Block 13 if changed of

(8)

MASTRIN AND MASTRIN ARCHITECTS, P.C.

Principal Place of Business Mailing Address								ı deminoni edi. Giben idiği biliki dedir 1840 d	ligit etett Alatí		111 <b>0</b> 0011 1004
211 ROCK HILL RD  BALA CYNWYD PA 19004  US  211 ROCK HILL RD  BALA CYNWYD PA 19004  US								DO NOT WHITE IN	N THIS SPAC	DE	
								3. Date Incorporated or Qualified			17 Ti vii
2. F	rincipal Plac	ce of Business		2a. Mailing Addres	as .			<b>02/04/1987 4.</b> FEI Number		T T.	oplied For
21	•			26				23-1887766		<del></del>	ot Applicable
	uite, Apt. #,	etc.		Suite, Apt. #, e	tc.				<u> </u>		Additional
22				27				5. Certificate of Status Desired	□ <b>•</b>		equired
23	City & State			City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
	Zip Country			Zip Country			1	8. This corporation owes or has paid the current year Intangible			
24		25		29	30	<del>,</del>		Personal Property Tax due June 30			] No
			ddress of Current	Registered Agent		81	No.	10. Name and Address of New Regis	stered Ager	<u>it</u>	
WEISMAN, BARTON D.							Name				
TRAFALGAR PLZA I 5310 N W 33RD AVE STE 211						82	Street Ad	ress (P.O. Box Number is Not Acceptable)			
		AUDERDALE F									
		100211011121	<b>L</b> 00000							<del></del>	
						84	City		FL 85	i Zip i	Code
11.	Pursuant to	the provisions of	Sections 607.0502	and 607 1508, Florida	Statutes, the a	bove	e-named co	rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of char	nging it	s registered
	agent. I am	familiar with, and	accept the obligati	ons of, Section 607.05	505, Florida Sta	lutes	, the corpora s.	alion's board of directors, I hereby accept t	ne appointr	nent as	registerea
SIGN	NATURE	<u>.</u> .									
12.	Sig	onature, typed or printer	I name of registered agent OFFICERS AND		(NOTE Registere	d Age	nt signature req	uired wher reinstating)  ADDITIONS/CHANGES TO OFFICER	DATE	FOTOF	C (N 40
TITLE		P	OTTIOERS AND	DELE		TLE		ADDITIONS/CHANGES TO OFFICER		Change	Addition
NAME		MASTRIN, PH	LIP		1.2 N						
STREE	T ADDRESS	211 ROCK HI			1.3 S	REET	ADDRESS				
CITY-	ST-ZIP	BALA CYNWY	D PA			TY-S	T-ZIP				
TITLE	İ	V		☐ DELE	TË 2.1 TI	TLE				Change	Addition
NAME		MASTRIN, MIT			2.2 N/	AMF					
	T ADDRESS	211 ROCK H			2.3 S	REET	ADDRESS				
CITY-:	\$T-ZIP	BALA CYNWY	U PA	☐ DELE			ST · ZIP		<del></del> ;	<u></u>	1 4 4 2 2 2 2 2
NAME	- 1			L Dett	TE 3.1 TI 3.2 N/				ш	Change	Addition
	T ADDRESS						ADDRESS				
CffY-							iT-ZIP				
TITLE				☐ DELE						Change	Addition
NAME					4. 2 N	AME	i				
STREET	T ADDRESS				4.3 ST	AFFT	ADDRESS				
CITY-S	ST-ZIP	<del></del>		Пен	4 4 CI		T-ZIP		<del></del>	<del></del>	
TITLE				☐ DELE						Change	Addition
NAME	ADDRESS				5.2 NA		*DODECC				
CITY-S							ADDRESS				
TITLE	A1 - 487			DELE	5.4 CI TE 6.1 TH	_	1.71		Пг	hange	Addition
NAME				<del>_</del>	6.2 NA		1		·		
	ADDRESS				60.07	-	*DDDECC				

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in