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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30189 (5)
1. Corporation Name
BILLES/MANNING ARCHITECTS, A PROFESSIONAL CORPORATION

Principal Place of Business
839 ST. CHARLES AVENUE, SUITE 300
NEW ORLEANS LA 70130

Mailing Address
839 ST. CHARLES AVENUE, SUITE 300
NEW ORLEANS LA 70130-3715



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1990		3a. Date of Last Report 07/23/1996	
21. Subst. Apt. #, etc.		26. Subst. Apt. #, etc.		4. FEI Number 72-0989705		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BUTT, JEFFREY DREW 201 EAST KENNEDY BOULEVARD, STE. 1000 TAMPA FL 33602				10. Name and Address of New Registered Agent			
B1. Name				B2. Street Address (P.O. Box Number is Not Acceptable)			
B3.				B4. City			
				FL 85. Zip Code			

11. Pursuant to the provisions 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 _____ (NOTE: Registered Agent's signature required when renewing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLES, GERALD W	1.2 NAME	
STREET ADDRESS	839 ST. CHARLES AVE, #300	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	1.4 CITY - ST - ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, WILLIAM R	2.2 NAME	
STREET ADDRESS	839 ST. CHARLES AVE, #300	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 an officer or director of the corporation or the receiver thereof and 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: Gerald W. Billes 1/27/97 504-523-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

CR2E034 (9/96)