Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90061 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012702

1. Corporation Name

ANDREA	CLARK BROWN ARCHITE	ECTS, P.A.								
Principal Place	e of Business	Mailing A	ddress				f thatther in calls cities out)	11910 (1811 1981)	
616-5TH AVENUE SOUTH NAPLES FL 34102 US 616-5TH AVENUE SOUTH NAPLES FL 33940 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						12	2/18/1992			
2. Principal Pl	lace of Business	2a. Mailin	g Address			4. FE	Number		Ap	plied For
21		26				65	5 -0375612			t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Ce	ertifcate of Status Desired		\$8.75 A	
City & State	е	City 8	State			6. Ele	ection Campaign Financi	ng 🗀	\$5.00	•
23		28					ust Fund Contribution		Added t	o Fees
Zip	Country	Zip	•	Country	y		is corporation owes the	current year Int		□ 194 1.
24	25	29		30			rsonal Property Tax.		Yes	ZMNo
	9. Name and Address of Curre	ent Registered A	Agent	81	Name	10. Na	ame and Address of Ne	w Registered	Agent	
BRO 966 - NAPI	WN, ANDREA C SIXTH AVE S CIG. STH	A venue	. Sout		Street	Address (P.O.	Box Number is Not Acc	eptable)	•	
	10 FL			63	ע ו	APLES.	FL ~ _			
3410				84				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.150 te of Florida, Suc	8, Florida Statut h change was a	tes, the abov	re-named	corporation su	bmits this statement for	the purpose of ccept the appoi	changing its ntment as re	registered gistered
agent. I a.	m familiar with, and accept the oblig	gations of, Section	n 607.0505, Fic	orida Statutes	s.	_			<u></u> .	
agent. I a.	m familiar with, and accept the oblig	gations of, Section gent and title if applicable	in 607.0505, F10	E: Registered Age	s. 	required when reinst	lating)	DATE		
agent. I a SIGNATURE 12.	m familiar with, and accept the oblic Signature, typed or printed name of registered a	gations of, Sectio	in 607.0505, FIG le. (NOTE S	E: Registered Age	s. 	required when reinst		DATE	ID DIRECTO	DRS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filips 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 eport or supplier ental annual eport 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 eceiver of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941-263-3898

CR2E034 (1.1/98).