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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90159 001 ***150.00

DOCUMENT # P93000021096

1. Corporation Name

ARCHITE	ectural steel co	onsultants, in	C.						a ii 12 11 2 / Pii 12 11 3 /	
Principal Place	e of Business	Mailing	Address				- I INDELIBRA DIR ADADO ARMA BORAL DORAL I		ARI BURIU II	Olf & Bret 1891
860 SOUTH BENEVA ROAD SARASOTA FL 34232 US 860 SOUTH BENEVA ROAD SARASOTA FL 34232 US 860 SOUTH BENEVA ROAD SARASOTA FL 34232 US						DO NOT WRITE IN THIS SPACE				
00		50					3. Date Incorporated or Qualifed			
							03/16/1993			
2. Principal Pl	lace of Business	2a. Mai	ling Address				4. FEI Number		App	lied For
21 SAME 26			SAME				65-0399044			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	T -	3.75 Ad Fee Req	dditional quired
City & State	e		City & State				6. Election Campaign Financing		5.00 A	May Be
23		28	28				Trust Fund Contribution		Added to	
Zip 24	Country 25	Zip		Countr	у		This corporation owes the curren Personal Property Tax.	t year Intangib		Mo
		of Current Registered		<u></u>			10. Name and Address of New Reg	gistered Agen	t	
				8	1 Na	me				
MEDEIROS, DANIEL A 8490 S. TAMIAMI TRAIL					2 Str	eet Addre	ss (P.O. Box Number is Not Acceptable	e)		_
SARASOTA FL 34238				8:	3					
				L			****		T -: -	
				8	4 Cit	У		FL 85	Zip C	ode
office or re agent. I as SIGNATURE	egistered agent, or both, i m familiar with, and accep	n the State of Florida. S t the obligations of, Sec	uch change was aut tion 607.0505, Florid	horized by	y the c	orporation	ration submits this statement for the pun's board of directors. I hereby accept to the reinstating)	he appointmer	it as regi	istered
12.	Signature, typed or printed name of	FICERS AND DIRECTO	_ 	13.	ern signa	ture required	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
TITLE	MR 1	TOLITO AND DIRECTO	DELETE	1.1 TITLE		\neg			Change	☐ Addition
NAME	GEORGE RALPH H.	NO Loule		-12 NAME		ĺ				
STREET ADDRESS	P.O. BOX 7834 N/A	100 1000	· • • • • • • • • • • • • • • • • • • •	1.3 STRE	ET ADDR	s 7	renminatel			1
CITY-ST-ZIP	SARASOTA FL	(mal Ale 7	`	1,4 CITY-		'				
TITLE	P	<u> </u>	☐ DELETE	2.1 TITLE					Change	Addition
NAME	KENNEDY, CORNIN	A .		2.2 NAME						
STREET ADDRESS	860 SOUTH BENEVA			- 2.3 STRE	ETADOR	ESS				
CITY-ST-ZIP	SARASOTA FL			2. 4 CITY	-ST-ZIP	-	•			
TITLE				3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STRE	ET ADDR	ESS				ì
CITY-ST-ZIP				3.4. CITY-	-ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAMI	E					
STREET ADDRESS				4.3 STRE	ET ADDR	ESS				Ì
CITY-ST-ZIP				4.4 CITY-	ST-ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STRE	ET ADDR	ess				}
CITY-ST-ZIP				5.4 CITY-						
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME	-			6.2 NAME						
STREET ADDRESS	ì			6.3 STRE	ET ADDR	ess i				Ì

14. I hereby certify that the information supplied with this filling 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 with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP