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

APPROVED AND FILED

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021049 (9)**

1. Corporation Name
ARCHITECTURAL ELEMENTS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6306 BENJAMIN ROAD STE. 615 TAMPA FL 33634	6306 BENJAMIN ROAD STE. 615 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

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

2a. Mailing Address
26 c/o WALTER SANDERS
Suite, Apt. #, etc.
27 13910 N DALE MABRY SUITE I
City & State
28 TAMPA FL
Zip / Country
29 33618 / 30 US

4. FEI Number: 59-3231100 ☐ 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

9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 EHRLICH ROAD
BLDG. 107 STE. B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: SANDERS, WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 13910 NORTH DALE MABRY HWY
83 SUITE ONE
84 City: TAMPA FL 85 Zip Code: 33618

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: [signature] 2/23/95
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	~~ROGERO, PAUL~~	1.2 NAME	Catherine Walker
STREET ADDRESS	~~040 94TH AVENUE NORTH~~	1.3 STREET ADDRESS	6306 Benjamin Road Ste 615
CITY-ST-ZIP	~~ST. PETERSBURG FL 33702~~	1.4 CITY-ST-ZIP	Tampa, Florida 33634
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, DAVID B JR	2.2 NAME	
STREET ADDRESS	6306 BEJAMIN ROAD STE. 615	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily 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: [signature] CATHERINE LOWLKER ~~Peter Rogers~~ 03-01-95 813-886-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001733 CP