FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: _

DOCUMENT # P94000035772 (0)
1. Corporation Name

ARCHITECTURAL CONCEPTS OF ORLANDO INC

AKUHIII	ECTURAL CONCERTS	Of Official Office			
Principal Place of	Business	Mailing Address		a indittan ile intie biete neret meet	il Batis Çûrêş silêt ûliri 1821î têşte ise, 1921
6320 EDGE O ORLANDO FL	GROVE CIRCLE 32819	6320 EDGE O GROVI ORLANDO FL 32819	E CIRCLE	Date Incorporated or Qualified	
					3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number 59-3225155	Applied For Not Applicable
1		26 Suite, Ant. #, etc.			\$8.75 Additional
Suite, Apt #, etc		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation has liability for	intangibie tax under s. 199.032,
24	25	[29]	30	Florida Statutes	
	9. Name and Address of Cu	rrent Registered Agent	B1 Name	10. Name and Address of New Y	logistorou rigori
	e, Brian Ge o grove circle O Fl 32819		82 Street Add	ress (P.O. Box Number is Not Acceptat	
			84 Oity		FL 85 Zip Code
familiar with. SIGNATURE	, and accept the obligations of greater typed or ported from a of registron.	Section 607,0505, Horida Stature	b. ibre Registered Agend signature requir	ration such its file statement for the policy of directors. I hereby accept the approximation of the policy of the	DATE FICERS AND DIRECTORS IN 12
TITLE	VP.	DELETE	1 1 TIFLE		Change Addition
NAME	O'TOOLE, S ANDRA		1.2 NAME		
STREET ADDRESS	6320 EDGE O GROVE CIRCLE		1 3 STREET ADDRESS		
CITY-SI-ZIP	ORLANDO FL	☐ DELETE	1.4 CITY - ST. ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	P O'TOOLE, BRIAN		2 2 NAME		
NAME STREET ADDRESS	6320 EDGE O GROVE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-7IP	ORLANDO FL		2.4 CITY - \$1 - ZIP		☐ Change ☐ Addition
TiTLE		☐ DELETE	3 1 TIFLE		C Guarde C Aggress
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY: \$1 - 70P		
CITY-ST-ZIF THILE		☐ DELETE	4 1 1111.6		Change Addition
NAME		 -	4.2 NAMe		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIF			4.4 CHY+ST ZIP		Change Addition
TITLE		☐ DELETE	5 1 TITLE		C change C reserve
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY \$1 - ZIP 6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME DEGLE ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			64 CUV ST 712	. <u> </u>	
certify that	the information indicated on in	ppind with this filing is voluntarly fi his annual report or supplemental a comporation of the receiver or true ed, or on an attachment with an a	urnished and obes riot qualitingual temporal is true and accusions among the employees of the executive state.	y for the exemption stated in Section 11 trate and that my signature shall have the this report as required by Chapter 607,	9.07(3)(k), Florida Statutes. I further ne same legal effect as if made unce Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR