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

PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000066913 (2)

MJA ARCHITECTURAL SERVICES, INC.

Principal Place of Business 11382 PROSPERITY FARMS RD. SUITE 130 PALM BEACH GARDENS FL 33410 Mailing Address

FILED Mar 13 1998 8:00am Secretary of State



11382 PROSPERITY FARMS RD. SUITE 130 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 3. Date Incorporated or Qualified 09/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0535015 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Z(0)Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COX, JACK S 4400 PGA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 PALM BEACH GARDENS FL 33410 84 City 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 troth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Fforida Statutes.			
SIGNATURE Signature, typed or period name of registered agent and 646 it ages able. (NOTE: Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	D DELETE	1.1 TITLE	Change Addition
NAME	ANDERSON, MICHAEL J	1.2 NAME	
STREET ADDRESS	11382 PROSPERITY FARMS RD., STE. 130	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY+ST-ZIP	
TITLE	TS DELETE	21 TITLE	Change Addition
NAME	Tamila, David W.	2.2 NAME	
STREET ADDRESS	11962 SE TIFFANY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2 4 CITY-ST-ZIP	
TITLE	VP □ DELETE	3.1 TITLE	Change Addition
NAME	RICCI, DONALD	32 NAME	
STREET ADDRESS	5926 SE RIVERBOAT DR	3.3 STREET ADDRESS	187 INRACOASTAL CIRCLE
CITY-ST-ZIP	STUART FL	3.4. CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	☐ DELETE	4.1 THILE	Change Addition
NAME)		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TOLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - ST - ZIP	

14. Thereby 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 of the redevier or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attrictured with an address

SIGNATURE: