

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

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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90016 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000066913

1. Corporation Name

MJA ARCHITECTURAL SERVICES, INC.

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

Mailing Address  
11382 PROSPERITY FARMS RD.  
SUITE 130  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

4. FEI Number

65-0535015

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COX, JACK S  
4400 PGA BLVD.  
SUITE 201  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ANDERSON, MICHAEL J  
STREET ADDRESS 11382 PROSPERITY FARMS RD., STE. 130  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE TS ☐ DELETE  
NAME TAMILA, DAVID W.  
STREET ADDRESS 11962 SE TIFFANY WAY  
CITY-ST-ZIP TEQUESTA FL

TITLE VP ☒ DELETE  
NAME RICCI, DONALD  
STREET ADDRESS 137 INRACOASTAL CIR  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Michael J. Anderson  
1.3 STREET ADDRESS 11382 Prosperity Farms Rd., Ste 130  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Edwin Leland  
2.3 STREET ADDRESS 4835 Bimini Road  
2.4 CITY-ST-ZIP Tequesta, FL 33469

3.1 TITLE Sr. V ☐ Change ☒ Addition  
3.2 NAME Rick Anderson  
3.3 STREET ADDRESS 840 Buttonwood Road  
3.4 CITY-ST-ZIP North Palm Beach, FL 33408

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael J. Anderson 3/23/99 561-627-4744

Date

Daytime Phone #

CR2E034 (11/98)