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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076026 (1)

THE ARCHITECTURAL SPECTRUM, INC.

	Principal Place of Business Mailing Address					i samerdinet ein tons mente dinter ander ander	Y BERNIOON IND FEITH RICHN GONNI BENIF ONNY DONA BENIF SINNY ORNIO DINI 1888	
1723 BUCKINGHAM CT. 1723 BUCKINGHAM CT.								
APT. C TALLAHASSEE FL 32308		APT. C	APT. C					
		TALLAMASS	TALLAHASSEE FL 32308-5274		3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 05/01/1996		
2. Principal Piad	ce of Business	2a. Mailing A	Address			4. FEI Number	Applied For	
21		26				59-3301203	Not Applicable	
Suite, Apt. #,	Suite, Api' #, etc		Suite, Apt. #, etc 7		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State 3		F 7	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zψ.	Country 25	Z(p		Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199,032. Yes	
341	9. Name and Address of Cu			30		10. Name and Address of New Re		
WILE	Y, LEAH J			81	Name			
	HAMPTON AVENUE			82	Street Ac	dress (P.O. Box Number is Not Acceptal		
	AHASSEE FL 32310				Ollege File	Circos (1). Dox Mornios 15 Not Accopian		
				83				
				84	City		85 Zip Code	
				1	,		FLI	
<ol> <li>Pursuant to affice or rev</li> </ol>	the provisions of Sections 607.	0502 and 607.1508, I	Florida Statute channe was a	es, the above athorized by	e-named co	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of changing its registered	
agent Fami	familiar with and accept the o	bligations of Section	607.0505, Flo	rida Statute	S.	ration a board of directions. Thereby account	printe appearance in a regional ca	
SIGNATURE _								
12.	Ignature, typical or printed name of registers	d agent and title if applicable AND DIRECTORS	INOTE	: Registered Age	ent signature re-	quired when reinstating)  ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGES T	DATE CERS AND DIRECTORS IN 12	
TI'LE	D OF NOLING		DELETE	1.1 TITLE	Т	ADDITIONS/OFFANGES TO OFFI	Change Addition	
NAMÉ	WILEY, LEAH J	<u></u>	J	1.2 NAME				
IRELI ADDRESS 1723 BUCKINGHAM CT., APT. C				1.3 STREET	ADDRESS			
CdY+SI+7IP	TALLAHASSEE FL 32308			1.4 City-5				
7016	1,201,10020.00000		DELETE	2.1 TITLE			Change Addition	
NAMI				2.2 NAME	- 1			
STREET ADDRESS				2.3 STREET	ADDRESS			
009+\$1-209				2. 4 CITY-	ST-ZIP			
)II,F			DELETE	3.1 TITLE	a no Photo	And the first first first first first	Change Addition	
NAME				3 2 NAME	Array and	UUUUUZI.	F-BUBUP	
STAEET ADDRESS				3.3 STREET	ADDRESS	**************************************	/ <b>660606</b> /9701110003 '5.00 ****165.00	
CITY ST Zer		/		34 CITY-	ST-ZIP	**************************************		
1 114		ι	DELETE	4.1 TITLE	1		Change Addition	
NAME				4. 2 NAME	-			
STREET ADDRESS				4.3 STREET	t t			
Catrist SP		·	DELETE	4.4 CITY-5	T-ZIP		☐ Change ☐ Addition	
THE		ι	_ DELETE	51 TIFLE			El change El Accumon	
NAME				5.2 NAME				
STECT LADOHESS				5.3 STREET	\ \ \			
_C_FY_S]+ZiP _TGTE		T	DELETE	5.4 CITY - 5	51 - ZIP		Change Addition	
NAME		· ·		6.2 NAME				
STAFELL ADDRESS				6.3 STREET	ADDRESS		$m\omega$ R	
					}			
CBY SI-ZIP 14. I do hereby	y certify that the information sup	plied with this filing d	oes not qualif	6.4 City S y for the exe	mption sta	ted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same leg	es. I further certify that the	

SIGNATURE: