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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013602 (4)

1. Corporation Name

ARCHITECTURAL ELEGANCE, INC.



Principal Place of Business

18395 GULF BOULEVARD
SUITE 202
INDIAN SHORES FL 34635

Mailing Address

18395 GULF BOULEVARD
SUITE 202
INDIAN SHORES FL 34635

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, WILLIAM B JR.
335 12TH AVENUE
INDIAN SHORES FL 34635

81 Name

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

2207 BAY BLVD #109

83

84 City

INDIAN ROCKS BEACH

FL

85

Zip Code

34635

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 date of appointment

Signature typed or printed name of new registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RICHARD C. MORRIS

STREET ADDRESS 703 SAMANTHA DR.

CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE ☐ DELETE

NAME MARY MORRIS

STREET ADDRESS 703 SAMANTHA DR

CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE ☐ DELETE

NAME J. HARVEY HALL

STREET ADDRESS 18395 GULF BLVD, Ste 202

CITY - ST - ZIP Indian Shores, FL 34635

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE PHONE

CR2E034 (12/95)