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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33785-2001

3. Date Incorporated or Qualified
02/16/1995

3a. Date of Last Report
05/01/1996

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

SHAW, WILLIAM B JR.
2207 BAY BLVD #400
INDIAN ROCKS BEACH FL 34095

81 Name

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

18395 GULF BLVD #202

83

84 City

INDIAN SHORES

FL

85 Zip Code

33785

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME MORRIS, RICHARD C
STREET ADDRESS 703 SAMANTHA DR.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE STD ☐ DELETE

NAME MORRIS, MARY
STREET ADDRESS 703 SAMANTHA DR.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VPD ☐ DELETE

NAME HALL, J. HARVEY
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

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 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

SIGNATURE: J. Harvey Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

813-595-6109

Daytime Phone #

0084735

CR2E034 (9/96)