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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998 ~~1997~~

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

1998 Form.

[redacted]

DOCUMENT # P95000023953 (9)

1. Corporation Name
KUPI + VIGNEAULT ARCHITECTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 71 17TH AVENUE SOUTH<br>LAKE WORTH FL 33460 | 71 17TH AVENUE SOUTH<br>LAKE WORTH FL 33460-5603 |

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21 14 N.E. 4TH AVE
Suite, Apt. #, etc. 22
City & State 23 DELRAY BEACH FL
Zip 24 33483 Country 25 USA

2a. Mailing Address
26 14 N.E. 4TH AVE
Suite, Apt. #, etc. 27
City & State 28 DELRAY BEACH, FL
Zip 29 33483 Country 30 USA

4. FEI Number: 65-0605659 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TOMPKINS, RANDI
2255 GLADES ROAD, SUITE 300 E
BOCA RATON FL

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 [redacted] DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>KUPI, RUSTEM JR.<br>71 17TH AVE. SOUTH<br>LAKE WORTH FL 33460 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPSD<br>VIGNEAULT, MARK J<br>303 GLEASON STREET, SUITE 5<br>DELRAY BEACH FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>803 N. SWINTON AVE<br>DELRAY BEACH, FL 33444 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>PE 3-27 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>100002471561<br>-03/30/98--01003--015<br>***150.00 |

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 with an address.