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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 03 1998 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P95000033752 (3)

NIKITA ZUKOV ARCHITECT, P.C., INC.

Principal Place of Business Mailing Address 292 SOUTH COUNTY ROAD 292 SOUTH COUNTY ROAD **STE 196 PALM BEACH FL 33480-4245** DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480-4245 3. Date Incorporated or Qualified 04/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2284929 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZUKOV, NIKITA 292 SOUTH COUNTY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **STE 196** 83 PALM BEACH FL 33480-4245 84 City 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 harno of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 TIME DELETE 11 1016 Change Addition ZUKOV, NIKITA NAME 1.2 NAME 292 SOUTH COUNTY ROAD STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480-4245 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ZUKOV, PAULA NAME 2.2 NAME 292 SOUTH COUNTY ROAD STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL 33480-4245 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change __ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-2IP DELETE Change Addition TITLE 4.1 THLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ... Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZiP DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 regions of the corporation or the regions of the corporation of the corporat