FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90152 043 \*\*\*\*\*8.75

04-14-1999 90152 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037479

1. Corporation Name

REX NICHOLS ARCHITECT, P.A.

Principal Place	e of Business	Mai	Mailing Address					- t immilmæl fom Lingen ators haden at	Bill Balij Bala	1881 AIBII II	10 to 1911 to 0 t
2499 GLADES F	=		2499 GLADES RD #112 BOCA RATON FL 33431								
BOCA RATON FL 33431 BOCA RATON FL 33			11111011112 00101					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
				_				05/11/1995		5 1	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			hied For
21		26						65-0572079		<del></del>	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired	X	\$8.75 A Fee Red	
City & State	e <u>* 목구성 ( ) 등 등 등 등 (</u> 은 )	` <u>`</u> L_	City & State				- • -	6. Election Campaign Financing		\$5.00 i	- 1
23		28						Trust Fund Contribution		Added to	Fees
Zip	Country	$\vdash$	Zip		intry			8. This corporation owes the cur	rent year Ir		□No I
24	25	29		30	1			Personal Property Tax.  10. Name and Address of New	Pagistaras		
	9. Name and Address of Curre	nt Registe	ered Agent		81	Nar	ne	10. Name and Address of New	registered	Agent	-
NICE	IOLS, REX				Ľ						
2499 GLADES RD #112					82	Stre	Street Address (P.O. Box Number is Not Acceptable)				
**	A RATON FL 33431				83					*****	
500											
	•				84	City	'		FI	85 Zip C	ode
	to the provisions of Sections 607.05	.0.2 and 60	7 1509 Florida Statu	tos the s	hove	-nam	ed corpo	ration submits this statement for the	nurnose o	f changing its a	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	i. Such change was a	authonzei	d by	the c	orporation	n's board of directors. I hereby acce	pt the appo	intment as reg	istered
SIGNATURE											}
	Signature, typed or printed name of registered ag				Agen	t signat	ure required	when reinstating)	DATE	ND DIDECTOR	DC IN 12
12.	OFFICERS A	ND DIREC	DELETE	13.	TI E		1	ADDITIONS/CHANGES TO O	-FICERS A	Change	Addition
TITLE	D DEV			1.1 1							
NAME	NICHOLS, REX			1.2 N			-00				}
STREET ADDRESS	2499 GLADES RD, STE 112					raddri 	:55				}
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NAME				2.2 N							ĺ
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STREET ADDRESS				ı.			=33				Ì
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NAME				- 1		r addri	-66				
STREET ADDRESS				1			-33				}
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				5.2 N						_ ,	
NAME STREET ADDRESS	•					r addri	ESS	•			
STREET ADDRESS					ΠY-\$1						
CITY-ST-ZIP TITLE			☐ DELETE	6.1 T			+			Change	Addition
							ı				
NAMÉ				6.2 N	AME						

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 receiver or trustee employered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REX NICHOLS

03-17-99

(561) 368-9445 Daytime Phone #