FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

į .	NUAL REPORT Secretary of State DIVISION OF CORPORATIONS										
DOCUI	MENT # P950	000	50426 ((2)	,						
i '	ITECTURE II, INC.		•	•						·	
Principa! Prace	of Business		la lina Address								
375 DOUGL	a ling Address 375 DOUGLAS AVE	: All RE							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SUITE 2002 ALTAMONTE SPRINGS FL 32714			SUITE 2002 ALTAMONTE SPRINGS FL 32714				1				
			ALIAMONIE SPRIN	IGS FL 32714	,		-	3. Date Incorporated or Qualified 06/01/1995	3a. Da	te of Last F	Report
2. Principal Pla	ace of Business	2a. 26	Mailing Address					4. FEI Number 59-334968		J	Applied For
Suite, Apt.		- 20	Suite, Apt. #, etc.								Not Applicable 5 Additional
22 SUTTE City & State	2001	27	SUITE 20	001				5. Certificate of Status Desired			Required
23 Ζιρ	Country	28	City & State					Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ed to Fees
24	25	29	Zip	Cour 30	itry			8. This corporation has liability for Florida Statutes Yes	intangible t No	ax under s	199.032,
	9. Name and Address of Currer	t Regis	tered Agent					10. Name and Address of New F	_	Agent	
EDECH	, TIMOTHY C			į,	81	Name					
375 DO		ī	82	2 Street Addres		(P.O. Box Number is Not Acceptat	le)				
SUITE :	2002:			ħ	83	<		000			
ALTAM	ONTE SPRINGS FL 32714			-	B4	Oity	TE '	2001			
11 Durewant to	the provisions of Casting CO7 0500		1500	1	-	,			FL		ip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sect	and Eur da. Such	.1508, Florida Statu change was authori	ites, the abovized by the co	e∙n orpc	amed cor bration's b	poration board of	n submits this statement for the pur f directors. I hereby accept the app	pose of ch	anging its r	registered office
SIGNATURE	i, and accept the obligations of, Sect	On BU7.0	2005, Florida Statute	·S.							
	Signature, typed or printed name of registered agent			OTE: Flag stared A	gent	signature req	jurad whe	n reinstatingi	DATE		
12. TIT:(F	OFFICERS AND	DIRE.C	TORS DELETE	13.		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFF			
NAME	FRECH, TIMOTHY C			1. 1 TITI 1.2 NAM						Change	Addition
STREET ADDRESS	375 DOUGLAS AVENUE, SL	ITE 20	02				375	15 DOUGLAS AVENUE, SUITE 2001			
CITY-S1-ZIP	ALTAMONTE SPRINGS FL 3	2714		1.4 CITY			-,-				
TITLE			DELETE	2 1 TITL	.E					Change	Addition
NAME				2.2 NAM	fέ	ſ					
STHEFT ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			☐ DELETE	2.4 CITY 3 1 TITL		- ZIP			·		
NAME			_ been	3 2 NAM					ι	Change	Addition
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP				3.4 City							
JITLE			DELETE	4. 1 T(TL	E]	Change	Addition
NAME				4 2 NAM	E						
STREET ADDRESS				4 3 STRE	ET A	DDRESS					
TITLE			DELETE	4.4 CITY		- ZIP					
NAME				5. 1 THE						Change	☐ Addition
STREET ADDRESS				5.2 NAM 5.3 STRE		DOBCCC					i
CITY-ST-ZIP				54 CHY-							
TITLE			DELETE	6 1 TITLI			·		-	Change	Addition
NAME				6.2 NAME	E						
STREE: ADDRESS				6.3 STREE	£1 AI	DORESS					
City-St-ZiP	certify that the information assets of	ith the co	then to use the training	6.4 CITY	ST-	ZIP					
certify that the oath; that I a	certify that the information supplied with the information indicated on this annual am an officer or director of the corporate.	un ms fil il report i ation or f	ing is voluntarily furn or supplemental anni teo receiver or to into	ished and do ua! report is t	es i rue	not qualify and accu	y for the irate and	exemption stated in Section 119.0 d that my signature shall have the s	7(3)(k), Flor ame legal	ida Statute effect as if	es. I further made under

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 it made under appears in Block 12 or Block 12 if changed or on an estachment with an address.

SIGNATURE:

DIVPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/86

(407) 786-0330