

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000050978 (2)

1. Corporation Name
ARCHITECTURAL COMPOSITES, INC.

Principal Place of Business

1528 BIG BASS DRIVE
TARPON SPRINGS FL 34689

Mailing Address

P. O. BOX 475 N/A
TARPON SPRINGS FL 34688
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JEFFERS, WILLIAM P.
1528 BIG BASS DRIVE
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

10/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
JEFFERS, WILLIAM P
1528 BIG BASS DRIVE
TARPON SPRINGS FL 34689

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11 TITLE

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33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

600002343686-0

-11/17/97-01157-013

****750.00 ****750.00

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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.

FILED

97 OCT 31 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

97

3. Date Incorporated or Qualified 06/29/1995
3a. Date of Last Report 08/09/1996
4. FEI Number 59-3332987
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
10. Name and Address of New Registered Agent

CR2E034 (4/97)