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

PROFIT_ **CCRPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000058259

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90181 026 ***150.00

ARCHITI	ects co-partnership, in	C.								
Principal Plac	e of Business	Mailing Address			· <u> </u>		1 (52 (52 (11 6 10 (0) 0) (1) 00 (1) 00 (1)		191 19119 11991	Litin idit tanı
777 \$ PALM AVE P.O. BOX 8056										
#3 LONGBOAT KEY FL 34236			K i							
SARASOTA IFL 34236							DO NOT WRIT	E IN THIS	SPACE	
							 Date Ir corporated or Qualifed 07/21/1995 			}
2 Principa F	Place of Business	2a. Mailing Address	2a Mailing Address				4. FEI Number		Apı	lied For
— ·	Tace of Eduliess	26					65-0604905			Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A		
22		27				5. Certifcate of Status Desired		Fee Re	uired	
City & State—		City & State				6. Election Campaign Financing		\$5.00	Aay Be	
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	intry			8. This corporation owes the curre	nt year Inta	ngible]
24	25	29	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	Registered Agent		Ĺ.,	·	1	0. Name and Address of New R	egistered A	gent	
SHAW, PETER J				81	Name					
	5 GULF OF MEXICO DRIVE #14F			82	Street A	A Idress	ddress (P.O. Box Number is Not Acceptable)			
LON	IGBOAT KEY FL 34228			83						
				84	City				85 Zip (ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statates,								<u> </u>		
agent la	am familiar with, and accept the obligation of registered ages		IONGA Stati			equired whe		DATE		
12.	OFFICERS AND DIRECTORS			13.			ADDIT ONS/CHANGES TO OFF	ICERS ANI		
TITLE	PD	PD DELETE							Change	☐ Addition
NAME	SHAW, PETER J		1.2 N/	1.2 NAME						
STREET ADDRESS 2425 GULF OF MEXICO DRIVE		#14F	1.3 STREE		TADDRESS					}
CITY-ST-ZIP	LONGBOAT KEY FL 34228			1.4 CITY-ST-ZIP						
TITLE	VPST	VPST DELETE			ļ				Change	Addition
NAME	RAHMAN-SHAW, NAZEELA			2 NAME						ľ
STREET ADDICESS	2425 GULF OF MEXICO DRIVE	#14F	2.3 \$1	TREET	TADDRESS					
CITY-ST-ZIP	LONGBOAT KEY FL 34228		2.4 C	ITY-S	ST-ZIP					
TITLE	VP	☐ DELETE	3.1 TI	πE					Change	Addition
NAME	SAMPLE, RANDALL P			3.2 NAME						ļ
STREET ADDRESS				3.3 STREET ADDRESS						1
CITY-ST-ZIP				3.4. CITY-ST-ZIP					<u> </u>	The same
TITLE	J	DELETE	4.1 TI	πĘ	j				Change	Addition
NAME			4. 2 N	IAME						
STREET ADD RESS			4.3 S1	TREET	T ADDRESS					
CITY-ST-ZIP	<u></u>									
TITLE	 				T-ZIP					A section of
NAME		☐ DELETÉ	5.1 TI	TLE	T-ZIP				Change	Addition
STREET ADDRESS		☐ DELETE	5.1 TI 5.2 N	TLE AME					Change	☐ Addition
OTTLE I FED TES		☐ DELETE	5,1 TI 5,2 N/ 5,3 SI	TLE AME TREET	TADDRESS				Change	Addition
CITY-ST-ZIP			5.1 TI 5.2 N 5.3 SI 5.4 CI	TLE AME TREET ITY-S						
		☐ DELETE	5.1 TI 5.2 NJ 5.3 ST 5.4 CI 6.1 TI	TLE AME TREET ITY-S	TADDRESS				☐ Change	Addition
CITY-ST-ZIP			5.1 TI 5.2 NV 5.3 ST 5.4 CI 6.1 TI 6.2 NA	TLE AME TREET ITY-S' TLE AME	TADDRESS IT-ZIP					
CITY-ST-ZIP			5.1 TI 5.2 NJ 5.3 ST 5.4 CI 6.1 TI 6.2 NJ	TLE AME TREET TY-S TLE AME TREET	TADDRESS					

City-ST-ZIP

14. I hereby certify that the information supplied viith 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 supplement at 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 receiper 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 chapters or on an affectment with an addresse with all other like empowered.

SIGNATURE: