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

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Block 13

DITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000063164

ARCHITECTURAL IMPORTS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 4868 PROCTOR OAKS CT 4868 PROCTOR OAKS CT **SARASOTA FL 34233-4000** SARASOTA FL 34233 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1995 05/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0598663 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 Added to Fees 28 Trust Fund Contribution ZHD Country  $Z \phi$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBSON, RON 4868 PROCTOR OAKS CT Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 84 City 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. Typing or preced hable of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 96/6) DELETE Til: F Change Addition 1.1 TITLE ROBSON, RON NAME 1.2 NAME **4868 PROCTOR OAKS CT** STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34233 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition THEF 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-S1 ZIP 3.4. CITY-ST-ZIP \_\_\_ DELETE Addition THE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Tille 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTM - ST - 712 5 4 CITY-ST-ZIP THEF □ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. If 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