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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000086371 (8)

## WILLIAMS & SERIG ARCHITECTURE AND PLANNING INC.

420 NW 214TH ST. MIAMI FL 33169		420 NW 214TH ST. Miami Fl 33169-2123			
				3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 11/21/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	H Y	26 Cuito Ant di oto	•	65-0657676	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State	<del></del>	8 Significant Companies Significant	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zib	Country	Zip	Country	B. This corporation has liability for	
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	glatered Ägent
WILLIAMS, IVER E		81 Name		IVOR E. WILLIAMS	
	NW 214 ST.		82 Street	Address (P.O. Box Number is Not Acceptate	ole)
SUITE 201			42	OHW ELD ST #	201
MIA	MI FL 33169		83		
			84 City	44.44.	85 Zip Çode
44 Discussed		0 1007 4500 Flexide Otto		MI AMI	
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the above-named authorized by the cor	d corporation submits this statement for the proporation's board of directors, I hereby accept	ourpose of changing its registered to the appointment as registered
			orida Statutes.	" = 111 H.	1/2-10-
SIGNATURE	Zy5k 5. WIWH Signature, typicd or printed name of registered ager		E Registered Agent signature	4 C. YOUND	7/63/7/ DATE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TOTLE	P	DELETE	1.1 TITLE	ADDITIONOUS INTOCO TO C	Change Addition
NAME	WILLIAMS, IVER E	•	1.2 NAME		
STREET ADDRESS	420 NW 214TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	SERIG, CHARLES		2.2 NAME		
STREET ADDRESS	420 NW 214TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		100
STHEET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME.			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T briess	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDITION			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CHY-ST-ZIP		Change   Addition
NAME			6.1 TITLE		L Change   Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do heret:	by certify that the information supplied	with this filing does not qualif	6.4 City-St-ZiP  fy for the exemption s	L stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information Lam an of	in indicated on this annual report or si	upplemental annual report is tr the receiver or trustee empowi	rue and accurate and rered to execute this i	d that my signature shall have the same lege report as required by Chapter 607, Florida S	al effect so if made under eath, that