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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 14 1997 8:00am

Secretary of State

DOCUMENT # P9600004657 (8)

ARCHITECTURAL DESIGN -N- WOOD, INC.

Principal Place of Business Mailing Addr 175 CLEARY ROAD, UNIT A-5 175 CLEARY WEST PALM BEACH FL 33413 WEST PALM					
21 155 Suife, Apt. 22 Unit City & State 23 West	B-5 Palm BEACH, FL.	28. Mailing Address 26 165 Cleary Suite, Apt. #, etc. 27 Unit B=5 City & State 28 West Palm	Beach, Fl		
175 WES	9. Name and Address of Current A, JEFFREY JOHN CLEARY ROAD, UNIT A-5 ST PALM BEACH FL 33413	Registered Agent	83 84 City	10. Name and Address of New Registered Agent Rua, JEffrey John Address (P.O. Box Number is Not Acceptable) 165 Cleary Road, Unit B -5	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	of Floridal Such change was attions of, Section 607.0505, Floridand in applicable (NOTE)	uthorized by the corp rida Statules. Argistered Agent a greature	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as register required when relistating): DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	D MESSLER, SCOTT WILLIAM 11662 DAHLIA DRIVE ROYAL PALM BEACH FL 3341	∟ DELETE 1	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CRY+ST-7IP	[] Change [] Adi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUA, JEFFREY JOHN 175 CLEARY ROAD, UNIT A-5 WEST PALM BEACH FL 33413	☐ DETEJĘ	2 1 THLE 22 NAME 23 STREET ADDRESS 2 4 CHY-ST-7IP	President Rua, Jeffrey John 165 Cleary Road, UNIT B-5 West Palm Beach, F1. 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-7IP	Secretary \square Change \square Ad Billy Gilliard 17516 64th Pl. N.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Loxahatchee,F1, 33470 Change C	
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Greenacres,F1. 33463 ☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS		☐ DELETE	61 TITLE 62 NAME 6.3 STREET ADDRESS	Change Ad	

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.