

FILED  
Jun 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS		Jun 24 1998 8:00am <b>Secretary of State</b>	
DOCUMENT # <b>P96000016251 (6)</b>					
1. Corporation Name: <b>HARVEY C. FERBER, ARCHITECT, INC.</b>					
Principal Place of Business <b>30 PLANTATION DRIVE UNIT 206 VERO BEACH FL 32966</b>			Mailing Address <b>30 PLANTATION DRIVE UNIT 206 VERO BEACH FL 32966</b>		
			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business <b>21 1810 WATERFORD DR. Suite, Apt. #, etc <b># 4</b> City &amp; State <b>VERO BEACH, FL</b> Zip <b>32966</b></b>		2a. Mailing Address <b>26 P.O. Box 650863 Suite, Apt. #, etc. <b>27 VERO BEACH, FL</b> Zip <b>32965</b></b>		3. Date Incorporated or Qualified <b>02/19/1996</b>	
				4. FEI Number <b>65-0656651</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FERBER, HARVEY C 30 PLANTATION DRIVE UNIT 206 VERO BEACH FL 32966</b>			10. Name and Address of New Registered Agent		
			81 Name <b>FERBER, HARVEY C.</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>1810 WATERFORD DR. #4</b>		
			83		
			84 City <b>VERO BEACH</b> <b>FL</b> 85 Zip Code <b>32966</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	1. <b>PSTD</b> <input type="checkbox"/> DELETE				
NAME	<b>FERBER, HARVEY C</b>				
STREET ADDRESS	<b>P.O. BOX 050003 - 1810 WATERFORD DR. #4</b>				
CITY-ST-ZIP	<b>VERO BEACH FL 32966-0003 32966</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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14. I hereby certify that the information supplied with this filing does not comply for the exemption stated in Section 119.07(3)(j), 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 as an attachment with an address.					
SIGNATURE _____ <b>5/10/98</b>					