

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90123 027 \*\*\*150.00

DOCUMENT # P96000035541 ✓

1. Corporation Name  
R.C.T. ARCHITECTURE, INC.

Principal Place of Business

701 NORTH POINT PARKWAY  
SUITE 205  
WEST PALM BEACH FL 33407

Mailing Address

701 NORTH POINT PARKWAY  
SUITE 205  
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1996

4. FEI Number

65-0669120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 1120 CLEVELAND AVE

27 Suite, Apt. #, etc.

28 CLEVELAND, OHIO

29 Zip 30 Country

9. Name and Address of Current Registered Agent

RAYSON, JOHN C ESQ  
2400 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS ☐ DELETE

NAME TYLER, RALPH S  
STREET ADDRESS 1334 INGLEWOOD DRIVE  
CITY-ST-ZIP CLEVELAND OH 44121

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V ☐ DELETE

NAME BURPHY, JAMES V  
STREET ADDRESS 5241 CEDAR LAKE RD., APT. 4-9  
CITY-ST-ZIP BOYNTON BEACH FL 33437

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V ☐ DELETE

NAME TOBER, DOUGLAS  
STREET ADDRESS 258 BAYVIEW ROAD  
CITY-ST-ZIP BAY VILLAGE OH 44140

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☒ DELETE

NAME TYLER, RALPH C  
STREET ADDRESS 13800 SHAKER BLVD.  
CITY-ST-ZIP CLEVELAND OH 44121

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME WILLIAMS, EDWIN J  
STREET ADDRESS 7859 GATES MILLS ESTATE DR.  
CITY-ST-ZIP GATES MILLS OH 44040

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ralph S Tyler Ralph S Tyler 2-17-99 216/623-0808