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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600039022

1. Corporation Name

BRIAN D. WOLFE, ARCHITECT INC.

	•				
Principal Place	e of Business	Mailing Address	tim err u ·		
15350 MABERLY DR SUITE 5123 TAMPA FL 33647		15350 AMBERLY DR SUITE 5123 TAMPA FL 33647		DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualifed	
				05/01/1996	
	ace of Business	2a. Mailing Address	L-11	4. FEI Number	Applied For
21 5005	YICKETH CT	· · · ·	Kelt CT	59-3383059	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23 TAM		28 TAMBA	FLA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip _	Country	8. This corporation owes the current year In	tangible
24 3362		29 33624 30	0 V.S.A	Personal Property Tax.	ŬYes □No
2.,00	9. Name and Address of Current			10. Name and Address of New Registered	Agent
			81 Name		
Wolfe, Brian D			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
15350 AMBERLY DR			000171.01		
	E 5123		83		
TAM	PA FL 33647		84 City		85 Zip Code
•			1 1 1	FL	-
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 agen	 	egistered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	P NOISE BOILER D	Dettere	1.2 NAME		7
NAME	WOLFE, BRIAN D			5005 Pickett Court	
STREET ADDRESS	15350 AMBERLY, SUITE 5123		I .	TAMPA FLA 88624	
CITY-ST-ZIP TITLE	TAMPA FL 33647	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	12000 20-1	☐ Change ☐ Addition
NAME		G Section	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
i			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		لتنفيد س تان پيد تستند .	52 NAME	المحمد للمحموض الواردية الأراب الأراب المستحص	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 eddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

508-7002