

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

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PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT -3 AM 9: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P460000055030  
1. Corporation Name  
JERRY CLAWSON / ARCHITECT, INC.

Principal Place of Business  
2900 GATEWAY DRIVE  
POMPANO BEACH, FL.  
33069

Mailing Address  
2900 GATEWAY DRIVE  
POMPANO BEACH, FL.  
33069

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/27/1996	06/27/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-065 8039	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		Yes No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, DAVID 5325 N. DIXIE AVENUE POMPANO BEACH, FL. 33069	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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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.

SIGNATURE: JERRY CLAWSON 9/25/97 954.973.5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

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jerry clawson / architect  
2900 GATEWAY DRIVE  
POMPANO BEACH, FLORIDA 33069  
954 / 977 9673 (EXT.301) FAX 977 9774

9/29/07

SIRS—

I NEVER DID RECEIVE THIS  
"CORPORATION ANNUAL REPORT."

I HAVE HOWEVER RELOCATED  
WITHIN THE PAST YEAR.

I SPOKE TO SOMEONE IN  
TALLAHASSEE, AND THEY SAID  
I MAY BE ABLE TO GET A  
WAIVER ON THE HIGHER FEE.

I AM THIR FOR ASKING YOU  
TO WAIVE AND ABATE THIS HIGHER  
FEE.

RESPECTFULLY—  
JERRY CLAWSON