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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #PALOCOOSSOSO

1. Corporation Name

LANSON / ARCHITECT, INC.

FILED 97 0CT -3 AM 9: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 2900 GATEM POMPANO		iling Address 2900 GATE! POMPANC		orive CH, FL 069	3. Date Incorporated or Qualified	3a. Date of I	Last Report
2. Principal Place of Business	2a.	Mailing Address			4. FEI Number	01	Applied For
21 Suite, Apt. #, etc. 22		Suite, Apt #, etc.			5. Certificate of Status Desired		Not Applicable 1.75 Additional Fee Required
City & State	28	City & State			Election Campaign Financing Trust Fund Contribution	\$!	5.00 May Be
Zip 25		Zıp	Country 30	,	8. This corporation has liability for i		nder s. 199.032,
	d Address of Current Registe	ered Agent	1-51		10. Name and Address of New Re		
			81	Name		<u></u>	
MOORE	, DAYID , DIXIE AYE	AICIE	82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
	I UINIC MIS	210C	83	 			
クライラ い	BRACH .E	L 3304		}			
POMPANO	Brach, F	L .3306		L		FL 85	Zip Code
POMPANO 11. Pursuant to the provisions office or registered agent	O BRACH, F	4 . 3306	es. the above	City e-named corpora	poration submits this statement for the pation's board of directors. I hereby accep	Urpose of chang	aina its reaistered
POMPANO 11. Pursuant to the provisions office or registered agent agent, I am familiar with, a SIGNATURE	of Sections 607.0502 and 60 , or both, in the State of Florida and accept the obligations of,	L . 3306 7.1508, Florida Statut a. Such change was a Section 607.0505, Flo	es. the above authorized by orida Statutes	City e-named corp y the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions when constained	Urpose of chang	aina its registered
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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 eath; that, I am an officer or director of the corporation or the receiver or trusted 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.

6.3 STREET ADDRESS

4 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREFT ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

4.4 CITY - ST - ZiP

5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-ST-ZIP

TITLE

TITLE

MANATURA VIOLENCE OB BRINTED NAME DE RIG

JERRY CLAWSON

9/25/97

954.973.5213

Change

Addition

Addition

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

9/29/07

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I NEVIER DID RECEIVE THIS " COPORATION ANNUAL REPORT."

I HOVE HOWEVER RELOCATED WITHIN THE PAST YEAR.

I SPOKE TO SOMEDNE IM
TOULDHOSSEE, and THEY SOLO
I MAY BE ABLE TO GET A
WAIVER ON THE HIGHER FEE.
I AM THEIR FOR ASKUNG YOU
TO WAIVE AND MATE THIS HIGHER
FEE.

EMICLOUSE ON