	MEÑT# P96000		ORT (UBR)		/ K	20,6	7	
1. Entity Nam	DE CLAWSON/ARCHITECT, INC.	*	· * *		11/11	7000		
JERNI	OLAWSON/ANORHIEGT, INC.				5 WARS	MAN TED		
Principal Plac	o of Business	Mailing Address			, A00 dasc	15 PM 2:	24	
2900 GATEWA	Y DRIVE	Mailing Address 2900 GATEVAY DRIVE POMPANO BEACH FL 33	2 DMR		SECRET	ARY OF STA	ATE	
POMPANO BE	ACH FL 33069	POMPANO BEACH FL 33	1069		TALLAH	ASSEE, FLO	RIDA	
21	OI W. CYPRE	55 CK, RO	6dD					
2. Principal B	Pace of Business DERDA	3. Mailing Address	33309			11 111		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		REI	NSTATE	PAPER SPA	CE	(17)
City & State	e	City & State		4. FEI N	umber 65-0658	039		plied For
Zip	Country	Zip	Country			\$8	No. 1.75 Add	t Applicable
			<u> </u>		icate of Status Desire	Fee	e Required	3
	6 Name and Address of Current	Hegistered Agent	Name	7. Name	allu Audiess of Ne	w negistered Age	#IIL	
	ore, david 5 n. dixie avenue		Street Addi	ess (P.O. Box N	umber is Not Accepta	able)		
	MPANO BEACH FL 33069							
							Zip Code	
			City			FL	ZIP COU	1
8. The above	e named emity submits this statement for	or the purpose of changing i		gistered agent, o	or both, in the State of		Zip Code	
V	e named officery submits this statement for	or the purpose of changing i		gistered agent, o	or both, in the State of		Zip Code	
8. The above	Juil 11	1-			12		>	
SIGNATURE .	Signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible	and title if applicable. (NC	ts registered office or re-	equired when reinstating	ne) OElection Campaign	Financing	\$5:0	O May Be
9. This corporate filling respectively.	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NO FILE NOW After SEPTEMBER Make Check Paya	ts registered office or resolution of the segment o	\$750.00 State	ng) 3Election Campaigr Trust Fund Contribu	Financing	\$5:00 Added	O May Be
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/00