

FILED
Apr 21 1997 8:00am
Secretary of State



1. Corporation Name
MOREARCHITECTURE, INC.

3. Date Incorporated or Qualified 07/08/1996		3a. Date of Last Report N/A	
4. FEI Number 59-3390623		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		81	Name
MORE, LARRY B 42 HIDDEN COVE VALPARAISO FL 32580		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 **X** _____
 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	CEO	1.1 TITLE	
NAME	TIMOTHY, JANIS A	1.2 NAME	
STREET ADDRESS	42 HIDDEN COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL 32580	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	
NAME	TIMOTHY, JANIS A	2.2 NAME	
STREET ADDRESS	42 HIDDEN COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL 32580	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	MORE, LARRY B	3.2 NAME	
STREET ADDRESS	42 HIDDEN COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL 32580	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *[Signature]* 4-16-87 904.739.1180

CR2E034 (9/96)