

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072790 (4)**

1. Corporation Name

~~SOUTH FLORIDA ARCHITECTS OF NAPLES, INC.~~
SOUTH FLORIDA ARCHITECTURAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**5881-28TH AVE SW
NAPLES FL 33999**

**5881-28TH AVE SW
NAPLES FL 34116-7446**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **34116-7446** 25

29 **34116-7446** 30

9. Name and Address of Current Registered Agent

**WAINSCOTT, DAVID
5881-28TH AVE SW
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name **SCOTTY A. FORD**
82 Street Address (P.O. Box Number is Not Acceptable)
5881 28TH AVENUE SW
83
84 City **NAPLES** FL 85 Zip Code **34116**

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

SCOTTY A. FORD / PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

04.21.97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAINSCOTT, DAVID	
STREET ADDRESS	5881-28TH AVE SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, SCOTT	
STREET ADDRESS	2881-4TH ST NW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID WAINSCOTT	
1.3 STREET ADDRESS	5881 28TH AV SW	
1.4 CITY-ST-ZIP	NAPLES, FL 34116	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCOTTY A. FORD	
2.3 STREET ADDRESS	2881 4TH ST NW	
2.4 CITY-ST-ZIP	NAPLES, FL 34120	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	300002159683	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/30/97--01002--033	
6.3 STREET ADDRESS	***165.00	
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 in an attachment with an address.

SIGNATURE: **SCOTTY A. FORD, PRESIDENT** 04.21.97 (94) 353-1815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0415570

CR2E034 (9/96)