FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000092892 (4)

1. Corporation Name
ARCHI DESIGN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
11277 CLOVERHILL COURT JACKSONVILLE FL 32257	11277 CLOVERHILL COURT JACKSONVILLE FL 32257-1438

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1996	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3413217	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No
24	25	29	30	

9. Name and Address of Current Registered Agent

BLACKBURN, BRYAN
1921 DEWEY PLACE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

31	Name
32	Street Address (P.O. Box Number is Not Acceptable)
33	
34	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	D	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	LITTLE, TIMOTHY S			1.2 NAME			
STREET ADDRESS	11277 CLOVERHILL COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257			1.4 CITY-ST-ZIP			
TITLE		☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
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: _Timothy S. Little_ - President TIMOTHY S. LITTLE 4/9/97 (904)262-7244

CR2E034 (9/96)