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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000101366 (8) **DOCUMENT #**

L.M. SILKWORTH, ARCHITECT, P.A.

Principal Place of Business Mailing Address 1401 HWY A-1-A P.O. BOX 651154 VERO BEACH FL 32965-1154 SUITE 205 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32963 3. Date Incorporated or Qualified 12/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0715102 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 24 25 XXYes ΠÑο 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SIXWORTH, LYNN M SIEKWORTH, LYNN M. 1401 HIGHWAY A-1-A Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 34968 VERO BEACH, FL 32963 83 Zip Code and 607-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered logs of Section 607,0105, Florida Statutes. 11. Pursuant to the provisions of Sections 607,0500 office or registered agent, or both, in the State ed agent, or both, par with, and acce SILKWORTH LYNN M. 2/2/98 SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PRESIDENT XXChange TITLE 1.1 TITLE SILKWORTH, LYNN M. SILKWORTH, LYNN M 1.2 NAME NAME 415 38TH COURT STREET AUDRESS 1,3 STREET ADDRESS 1401 HIGHWAY A-1-A VERO BEACH FL VERO BEACH, FL 32963 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - ST - ZIP DELETE Change Addition TITE F 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change DELETE Addition 4,1 TITLE TITLE NAME 4. 2 NAMĘ STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY_ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TIT: F 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 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 pranged, or on an attach high my with an address.

LYNN M. SILKWORTH

2/2/98 561-234-4004

FILED

Feb 06 1998 8:00am

Secretary of State

CR2E034