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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name

TRACY ARCHITECTURAL GROUP, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90240 010 ***158.75

Pale	10001031712			
Principal Place of Business	Mailing Address			
777 LAGOON DA NORTH PALM BEA	-11 E 2 d C			
NORTH PALM BAT	1000, 0 33408		DO NOT WRITE IN TH	IS SPACE
			3. Date incorporated or Qualified [2/26/	196
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0714191	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
- Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29	0	Personal Property Tax.	☐ Yes 【No
9. Name and Address of C			10. Name and Address of New Registere	d Agent
WILLIAM TRACE	Ć	81 Name		
Mo. PALM BEACH,	IVE	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
AL B. A. B. G. A.C. H.	=/.	83		
Ma. PALM DEACH,	2408	63		
	52/00	84 City	F	85 Zip Code
44 Burnuant to the provisions of Sections 60	7 0502 and 607 1508 Florida Statutes	the above-named corro	pration submits this statement for the purpose	
office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such change was aut	horized by the corporatio	n's board of directors. I hereby accept the app	ointment as registered
	Sengations of, Section 607.0003, Florid	a otatutes.		
SIGNATURE Signature, typed or printed name of register	red agent and title if applicable (NOTE: R	legistered Agent signature required	when reinstating) DATE	
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	
TITLE PRESIDENT	DELETE	11 TITLE		☐ Change ☐ Addition
NAME WILLIAM TRA	<u> </u>	1.2 NAME		
STREET ADDRESS 777 LAGON DR	an ind	1.3 STREET ADDRESS		
CITY-ST-ZIP N. FALM BCH, FC	33408	14 CITY-ST-ZIP		
TIMLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	T Del Exe	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TIFLE	☐ DELETE	3.1 TITLE		
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		4.2 NAME		—ф- —
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		
	ed with this filing does not qualify for t	he exemption stated in S	ection 119.07(3)(i), Florida Statutes, I further c	ertify that the information

r nereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 1.3.07(3)(i), Florida Statutes. In other carry that the monitorination 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, with all other like empowered.