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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045747 (7)

JOE GREENBERG, ARCHITECT, INC.

## **FILED** Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
285 SEVILLE CORAL GAB	E AVENUE ILES FL 33134	285 SEVILLE AVENUE CORAL GABLES FL 33134	285 SEVILLE AVENUE CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/22/1997
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 2590 Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60 7E tables of
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees
<b>Z</b> ip			Coun	itry	8. This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30.
9, Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Registered Agent
	reenberg, Joseph I		[	81 Name	ne
285 SEVILLE AVENUE CORAL GABLES FL 33134			82 Stre		et Address (P.O. Box Number is Not Acceptable)
· ·	OTHE CHOCKS TO SOLOT		ļī	B3	
			h	84 City	85 Zip Code
44. 0	-10-6007.0	100 d 007 41 00 Florido Orda			FL 60 24 Constitution of the section of the section of
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 a	AVIII	E. Dosielared	Agent elepetu	sture required when reinstating) DATE
12.		ND DIRECTORS	13.	Agent angristor	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	.E	☐ Change ☐ Addition
NAME	GREENBERG, JOSEPH I		1.2 NA	ME	
STREET ADDRESS			1.3 STR	EET ADDRESS	ss
CITY-ST-ZIP	CORAL GABLES FL 33134	[ ] priere		Y-ST-ZIP	Change Addition
MILE	ODCENDEDO CLAUDIA D	☐ DELETE	2.1 TITL		Crasige CJ Apparium
NAME	GREENBERG, CLAUDIA B 285 SEVILLE AVENUE		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-ST-ZIP		» [
TITLE	00172 0 00220 12 00101	DELETE	3.1 TITL		Change Addition
NAME			3 2 NA	<b>AE</b>	
STREET ADDRESS	s		3.3 STR	EET ADDRESS	ss
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	
TITLE			4.1 TITE		Change Addition
NAME			4. 2 NA		
STREET ADDRESS	i			IEET ADDRESS Y-ST-ZIP	35
CITY-SI-ZIP TITLE		DELETE	5.1 TITE		☐ Change ☐ Addition
NAME			5 2 NAM		,
STREET ADDRESS	; [		1	EET ADDRESS	ss
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TITE	.E	☐ Change ☐ Addition
NAME			6.2 NA	ИE	
STREET ADDRESS	5		6.3 STR	EET ADDRESS	ss
CTTY-ST-ZIP	contifue that the information and the	with this films show and months for		Y-ST-ZIP	teted in Section 119 07(3)(i) Florida Statutas   further certify that the information

remove certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1). 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.