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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000099621

1. Corporation Name

STEPHEN R. GROH, ARCHITECT, INC.

| Principal Plac | e of Business |
|----------------|---------------|
| 16900 NW 20TH | 1 ST. |

Mailing Address

May 06, 1999 8:00 am Secretary of State

05-06-1999 90239 024 ***150.00



| 16900 NW 20TH ST. PEMBROKE PINES FL 33028 | 16900 NW 20TH ST. PEMBROKE PINES FL 33028 | 3 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/20/1997 | |
|---|---|----------------------------|---|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | _ | | 4. FEI Number Applied For | |
| 26 | | 65-0797535 Not Applicable | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| City & State | City & State | | | 6. Election Campaign Financing Solution Struct Fund Contribution Added to Fees | |
| Zip Country 24 25 | Zip 29 | Zip Coun | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | |
| 9. Name and Address of Cur | | | | 10. Name and Address of New Registered Agent | |
| | | 8 | 1 Nam | e | |
| GROH, STEPHEN R 16900 NW 20TH ST. | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| PEMBROKE PINES FL 33028 | | 8 | 33 | | |
| | | 8 | 34 City | FL 85 Zip Code | |
| Pursuant to the provisions of Sections 607.4 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob- SIGNATURE Signature, typed or printed name of registered | ate of Florida. Such change was au ligations of, Section 607.0505, Flori | ithorized t ida Statuti | es. | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered | |
| | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME GROH, STEPHEN R. | | 1.2 NAM | Ε | | |
| STREET ADDRESS 16900 NW 20TH ST. | | 1.3 STR | EET ADORES | s | |
| CITY-ST-ZIP PEMBROKE PINES FL 3302 | 8 | 1.4 CITY | -ST-ZIP | | |
| TITLE | ☐ DELETE | 2.1 TITLE | E | ☐ Change ☐ Addition | |
| NAME | | 2.2 NAM | Ε | | |
| STREET ADDRESS | | 2.3 STR | EET ADDRES | s | |
| CITY-ST-ZIP | | 2. 4 CIT | /-ST-ZiP | | |
| TITLE | ☐ DELETE | 3.1 TITLE | E | ☐ Change ☐ Addition | |
| NAME | | 3.2 NAM | E | | |
| STREET ADDRESS | | 3.3 STR | EET ADDRES | s | |
| CITY-ST-ZIP | | 3.4. CITY | /-ST-ZIP | | |
| TITLE | ☐ DELETE | 4.1 TITLI | E | ☐ Change ☐ Addition | |
| NAME | | 4. 2 NAN | Æ | | |
| STREET ADDRESS | | 4.3 STRI | EET ADDRES | s | |
| CITY-ST-ZIP | | | -ST-ZIP | ☐ Change ☐ Addition | |
| TITLE | ☐ DELETE | 5.1 TITLE | | L Change | |
| NAME | | 5.2 NAM | | | |
| STREET ADDRESS | | | EET ADDRES | 00 | |
| CITY-ST-ZIP | TI DELETE | 6.1 TITU | | ☐ Change ☐ Addition | |
| TMLE | ☐ DELETE | 6.2 NAM | | ☐ Criange ☐ Aduluon [| |
| NAME | | | | | |
| STREET ADDRESS | | H | EET ADDRES | No. | |
| CITY-ST-ZIP | | 6.4 CITY | -ST-ZIP | | |

14. I 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, with all other like empowered.

SIGNATURE: