

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

APPROVED  
AND  
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98 OCT 21 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *98*

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107328  
1. Corporation Name

KSA Architects, Inc.

Principal Place of Business	Mailing Address
317 Casey Key Road #5A Nokomis, FL 34275	317 Casey Key Road #5A Nokomis, FL 34275

2. Principal Place of Business	2a. Mailing Address
21 12590 Buckland Court	26 12590 Buckland Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Wellington, FL	28 Wellington, FL
Zip	Zip
24 33414	29 33414
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
12/22/97	Not Applicable
4. FEI Number	
65-0818229	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

William R. Smith  
8191 College Parkway, #300  
Fort Myers, FL 33919

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *William R. Smith* William R. Smith 10/19/98  
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	<input type="checkbox"/> DELETE
NAME	Klamert, Dinah	
STREET ADDRESS	317 Casey Key Road #5A	
CITY - ST - ZIP	Nokomis, FL 34275	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Jay Philip Ammon	
STREET ADDRESS	500 Magnolia Oak Court	
CITY - ST - ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12590 Buckland Court
1.4 CITY - ST - ZIP	Wellington, FL 33414
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700002671357--1
2.4 CITY - ST - ZIP	-10/23/98--01071--021
3.1 TITLE	****550.00 ****550.00
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	700002671357--1
3.4 CITY - ST - ZIP	-10/23/98--01071--022
4.1 TITLE	****208.75 ****208.75
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Dinah Klamert* Dinah Klamert 10/20/98 561-793-2250  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/97)