_
86/
Ξ
_
8
ò
ű

FILE NOW: FILING FEE AFTER MAY 1ST IŞ \$550.00										
COF	PROFIT RPORATION JAL REPORT	FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State		STATE		FILED				
•	1999 AMENDE DIVISION OF CORPORATIONS					69 JUL-2 MH0: 27				
DOCUMENT # P9800001691					CLARACTER OF STATE BALLACERSOSE, FLORIDA					
ARC	HITECTURAL ST	TUDIO INC.				in Llandadith, FLORI	θA			
"		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1				
Principal Place of Business Mailing Address				····						
551 NW 77 STREET 551 NW 77 SUITE 203				(e.e.	l	DO NOT WRITE IN TH	IC COADE			
BOCA RATON, FL 33487 BOCA RATON, FL 33487					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	face of Business	2a. Mailing Address				01/01/1948 4. FEI Number		Applied For		
21		26				65-0807938		Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required			
City & Stat	de .	City & State				6. Election Campaign Financing Trust Fund Contribution		0 Мау Ве		
Zip	Country Zip Cou			<u>`</u> `\- <u>-</u>		This corporation owes the current year I		d to Fees		
24	25 9. Name and Address of Current	<u>ol -</u> -		l	Personal Property Tax. 10. Name and Address of New Registered	Agent	□No			
Di			81	Name						
DISHER, SCOTT B 551 NW 77 STREET			82	Street	Addres	is (P.O. Box Number is Not Acceptable)		D1		
	11TE 202		83			-06/14/99-	-01015-	005		
BOCA RATON, FL 33487						**************************************	88 李章	Code . 25		
11. Pursuant office or r	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named the corp	corpor	ation submits this statement for the purpose of s board of directors. I hereby accept the app	if changing it	ts registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	3.		· · · · · · · · · · · · · · · · ·				
SIGNATURE	Signature, typed or printed name of registered agent. OFFICERS AND		ngistered Age	nt signature i	required w	her reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DISECT	ODS IN 12		
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		P/C		Change			
NAME			12 NAME		DIS	HER, SCOTT B.	,			
STREET ADDRESS CITY-SY-ZIP	BOCA RATON, FL 33487		1.3 STREE			NW 17 ST. STE 207	-			
TITLE	D	☐ DELETE	21 TITLE 2.2 NAME		Y/ 1	0	Change	Addition		
NAME STREET ADORESS	CAPONIGRO, CHRISTOPHER 551 NW 77 ST. STE 202			TADORESS.	CAP	APONIGRO, CHRISTOPHER 551 NW TI ST. STE ZOZ				
CITY-ST-ZIP	BOCA RATION FL 33487			ST-21₽		OCA RATION FL 33487				
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME			d RNOWSKI, Bionstant	[] Change	Addition		
STREET ADDRESS			3.3 STREE	T ADDRESS	551	NW 77 ST. STE ZOZ	,,,,,	İ		
City-St-ZiP Title		C) DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP	133	CA RATON, FL 33487	☐ Change	Addition		
NAME			4 2 NAME		C2/	ACZYK, LESLAW				
STREET ADDRESS			4.3 STREE	T ADDRESS	551 Box	I NW TT ST. STE 202 A RATON, FL 33487				
CITY-ST-ZIP TITLE		[] DELETE	51 TITLE	11-21		M 114100, PC 33101	[] Change	Addition		
NAME STOCET ADDRESS			52 NAME 53 STREE	TADORESS	Ì					
STREET ADDRESS CITY-ST-ZIP			54 CITY-S		ļ. <u></u> .					
TITLE		[] DELETE	6.1 TITLE 6.2 NAME				Change	Addition		
NAME STREET ADDRESS			•	T ADDRESS				1.00		
CITY-ST-ZIP	pertify that the information cumuliad with	this filing does not qualify for the	64 CITY-S		d in Sec	ction 119 07(3)(i) Florida Statutos I further or	ertify that the	into 18199		
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 by 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: SCOTT DISHER 5-13-99 (56) 995-0655										