

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90015 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000010287**  
 Corporation Name  
**ARCHITRAVE DESIGN & DRAFTING, INC.**



Principal Place of Business Mailing Address  
**4500 140TH AVE. N. #115**  
**CLEARWATER FL 33762**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
4500 140TH AVE. N. #115 CLEARWATER FL 33762		4500 140TH AVE. N. #115 CLEARWATER FL 33762		01/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59 3493077	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAHN, IRWIN F 2015 BAYOU DRIVE SOUTH RUSKIN FL 33570				81 Name <b>ELLEN PALMER MORAN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>12228 93 STREET NORTH</b>			
				83			
				84 City <b>LARGO</b> FL 85 Zip Code <b>33773</b>			

I, 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: Ellen Palmer Moran **ELLEN PALMER MORAN** DATE: 7/2/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>PRESIDENT</b>	1.2 NAME	
12.3 STREET ADDRESS	<b>JAMES J. PUCILLO</b>	1.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	<b>12265 83 WAY N.</b>	1.4 CITY-ST-ZIP	
12.5 CITY-ST-ZIP	<b>LARGO FL 33773</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
12.7 NAME	<b>VICE PRESIDENT</b>	2.3 STREET ADDRESS	
12.8 STREET ADDRESS	<b>TIMOTHY J. HAHN</b>	2.4 CITY-ST-ZIP	
12.9 CITY-ST-ZIP	<b>4930 72 STREET E.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	3.2 NAME	
12.11 TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12.12 NAME		3.4 CITY-ST-ZIP	
12.13 STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 CITY-ST-ZIP		4.2 NAME	
12.15 TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
12.16 NAME		4.4 CITY-ST-ZIP	
12.17 STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 CITY-ST-ZIP		5.2 NAME	
12.19 TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
12.20 NAME		5.4 CITY-ST-ZIP	
12.21 STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 CITY-ST-ZIP		6.2 NAME	
12.23 TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
12.24 NAME		6.4 CITY-ST-ZIP	
12.25 STREET ADDRESS			
12.26 CITY-ST-ZIP			

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: James J. Pucillo **JAMES J. PUCILLO, Pres** DATE: 7/2/99 727 535 2500

CR2E034 (5/99)



P98000010287  
583394-90015-30

July 2, 1999

ANNUAL REPORTS FILINGS  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

Dear Sir or Madam:

RE: DOCUMENT # P98000010287

Enclosed please find a completed 1999 Annual Report and check in the amount of \$150 on behalf of Architrave Design & Drafting, Inc. This is Architrave's first annual filing since incorporation on 1/30/98. While this report is being submitted "late" Architrave has no record of ever having received the first Annual Report mailing from your division.

As Office Manager, I became re-employed by Architrave on April 1, 1999 after a 9-month absence. The previous Office Manager has no recollection of having received the annual report and, per my conversation this morning with a customer service representative, we now know to expect this annual filing by February of each calendar year.

Thank you for your consideration in this matter.

Regards,

Ellen Palmer Moran  
Office Manager