## 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 # P98000054693

ARCHITECTURAL SUPPORT SERVICES, INC.

Principal Placi	e of Business	Mailing Address							
364 ORANGE D	OR.	364 ORANGE DR.							
PORT CHARLOTTE FL 33952		PORT CHARLOTTE FL 33952				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		<del>-</del>	·
						06/17/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For
21		26				65-0845632			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional		
22		27				3. Certificate of Olates Bosilion	Fe	e Req	uired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		ded to	Fees
Zip	Country	Zip	$\overline{}$	intry		8. This corporation owes the current year	Intangible XYes	_	∃No
24	25	29	30	1		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registere	n Agent		
FAB	ER, IAN			"	TTO(IIIC				
364 ORANGE DR.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	T CHARLOTTE FL 33952			83					
				00					
				84	City	F	85	Zip Co	ode
44 - D	L. M. a residing of Carting 607 0503	and 507 1509. Elorida Statu	tee the a	boye	named com	oration submits this statement for the numose	of changin	o its re	egistered
office or r	registered agent, or both, in the State o	if Florida. Such change was :	authorized	d by th	ne corporation	on's board of directors. I hereby accept the app	ointment	as regi	stered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Fl	orida Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	F. Registered	Agent s	signature required	d when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	DD								
NAME	I DP	☐ DELETE	1.1 Tr	TLE			Cha	ange	Addition
	<del>-</del> -	☐ DELETE	1.1 TI 1.2 N					ange	
STREET ADDRESS	CAMPBELL, KEVIN 3400 DELILAH DR.	☐ DELETÉ	1.2 N	AME	ADDRESS			ange	
STREET ADDRESS	CAMPBELL, KEVIN	☐ DELETÉ	1.2 No 1.3 S	AME	{			ange	
STREET ADORESS CITY-ST-ZIP TITLE	CAMPBELL, KEVIN 3400 DELILAH DR.	☐ DELETE	1.2 No 1.3 S	AME TREET A	{				
CITY-ST-ZIP	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993		1.2 N/ 1.3 S <sup>-</sup> 1.4 Cl	AME TREET A ITY-ST-: TLE	{		∏ Cha		Addition
CITY-ST-ZIP	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D		1.2 No 1.3 S <sup>2</sup> 1.4 Cl 2.1 TJ 2.2 No	AME TREET A ITY-ST-; TLE AME	{		∏ Cha		Addition
CITY-ST-ZIP TITLE NAME	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN		1.2 N 1.3 S 1.4 Cl 2.1 Ti 2.2 N 2.3 S	AME TREET A ITY-ST-; TLE AME	ZIP ADORESS		☐ Cha	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR.		1.2 N 1.3 S 1.4 Cl 2.1 Ti 2.2 N 2.3 S	AME TREET A ITY-ST- ITLE AME TREET A	ZIP ADORESS		∏ Cha	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR.	☐ DELETE	1.2 NJ 1.3 S <sup>2</sup> 1.4 Cl 2.1 Ti 2.2 NJ 2.3 S <sup>2</sup> 2.4 C	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST-	ZIP ADORESS		☐ Cha	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR.	☐ DELETE	1.2 NJ 1.3 S' 1.4 CI 2.1 TI 2.2 NJ 2.3 S' 2.4 C 3.1 TI 3.2 NJ	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME	ZIP ADORESS		☐ Cha	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR.	DELETE	1.2 NJ 1.3 S' 1.4 CJ 2.1 TI 2.2 NJ 2.3 S' 2.4 C 3.1 TI 3.2 NJ 3.3 S'	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME	ZIP  ADDRESS  -ZIP  ADDRESS		Che	ange	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR.	☐ DELETE	1.2 NJ 1.3 S' 1.4 CJ 2.1 TI 2.2 NJ 2.3 S' 2.4 C 3.1 TI 3.2 NJ 3.3 S'	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST-	ZIP  ADDRESS  -ZIP  ADDRESS		☐ Cha	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR.	DELETE	1.2 NJ 1.3 S' 1.4 CI 2.1 TI 2.2 NJ 2.3 S' 2.4 C 3.1 TI 3.2 NJ 3.3 S' 3.4 C	AME TREET A ITY-ST- ITLE AME TREET A ITY-ST- ITLE AME TREET A ITY-ST- ITLE TREET A	ZIP  ADDRESS  -ZIP  ADDRESS		Che	ange	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR. PORT CHARLOTTE FL 33952	DELETE	1.2 Nd 1.3 S' 1.4 Cl 2.1 Ti 2.2 Nd 2.3 S' 2.4 C 3.1 Ti 3.2 Nd 3.3 S' 3.4 . C 4.1 Ti 4.2 Nd	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE TREET A CITY-ST- ITLE TREET A LITY-ST- ITLE	ZIP  ADDRESS  -ZIP  ADDRESS		Che	ange	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR. PORT CHARLOTTE FL 33952	DELETE  DELETE	1.2 No. 1.3 S' 1.4 Cl 2.1 Ti 2.2 No. 2.3 S' 2.4 Cl 3.1 Ti 3.2 No. 3.3 S' 3.4 Cl 4.1 Ti 4.2 No. 4.3 S' 5.3 S' 4.3 S' 4.3 S' 5.3 S' 4.3 S' 5.3 S	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE TREET A CITY-ST- ITLE TREET A LITY-ST- ITLE	ADDRESS - ZIP  ADDRESS - ZIP		Cha	ange	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR. PORT CHARLOTTE FL 33952	DELETE	1.2 No. 1.3 S   1.4 Cl   2.1 Tl   2.2 No. 2.3 S   2.4 C   3.1 Tl   3.2 No. 3.3 S   3.4 C   4.1 Tl   4.2 No. 4.3 S   4.4 C   5.1 Tl	AME TREET A TITY-ST-, TILE  AME TREET A TITE TREET A	ADDRESS - ZIP  ADDRESS - ZIP		Che	ange	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR. PORT CHARLOTTE FL 33952	DELETE  DELETE	1.2 No. 1.3 S' 1.4 Cl 2.1 Ti 2.2 No. 2.3 S' 2.4 C 3.1 Ti 3.2 No. 3.3 S' 3.4 C 4.1 Ti 4.2 No. 4.3 S' 4.4 C	AME TREET A TITY-ST-, TILE  AME TREET A TITE TREET A	ADDRESS - ZIP  ADDRESS - ZIP		Cha	ange	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAMPBELL, KEVIN 3400 DELILAH DR. CAPE CORAL FL 33993 D FABER, IAN 364 ORANGE DR. PORT CHARLOTTE FL 33952	DELETE  DELETE	12 Nd 13 S' 14 Cl 21 Ti 22 Nd 23 S' 2.4 C 3.1 Ti 32 Nd 33 S' 34 C 4.1 Ti 4.2 Nd 4.3 S' 4.4 C	AME TREET A ITY-ST-, TILE AME TREET A ITY-ST- ITILE AME TREET A ITY-ST- ITILE AME TREET A ITY-ST- ITILE AME AME AME AME AME AME AME AME AME AM	ADDRESS - ZIP  ADDRESS - ZIP		Cha	ange	Addition Addition Addition

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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: IAN FABER

TITLE

NAME

STREET ADDRESS

DELETE

Change

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90043 011 \*\*\*150.00

☐ Addition