

SECOND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 09, 1999 8:00 am
Secretary of State
08-09-1999 90001 026 ***158.75

0067865

DOCUMENT # P98000089384
1. Corporation Name
ARCHITECTURAL DESIGNS BY ANTHONY INC.

002553 - 90001 - 26



Principal Place of Business
10301 NORTHWEST 50TH STREET, SUITE 102
SUNRISE FL 33351

Mailing Address
10301 NORTHWEST 50TH STREET, SUITE 102
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1998	
21		26		4. FEI Number 65-0871020	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CHIOCCA, ANTHONY J
4000 CRANDON BLVD, S1-S2
KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CHIOCCA, ANTHONY J	1.2 NAME	
STREET ADDRESS	4000 CRANDON BLVD	1.3 STREET ADDRESS	7601 E. TREASURE DRIVE A-27
CITY-ST-ZIP	KEY BISCAVNE FL 33149	1.4 CITY-ST-ZIP	HI BAY VILLAGE FL 33141
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE:

Anthony J ChioCCA 7/24/99 305-387-2748

CR2E034 (5/99)

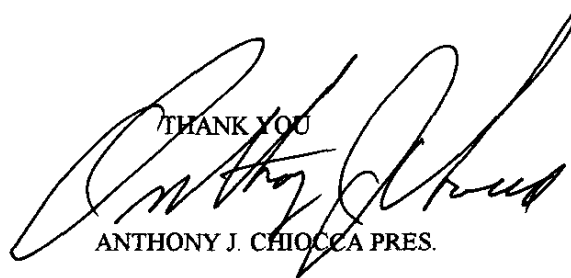
TO: DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL.

PA8000089384
602-563-9000-56

FROM: ARCHITECTURAL DESIGNS BY ANTHONY INC.
10301 N.W. 50 STREET #102
SUNRISE FL. 33351

SUBJECT: ANNUAL REPORT

PLEASE BE ADVISED,
THAT THIS IS MY SECOND ATTEMP FOR FILING MY 99 REPORT. THE FIRST ATTEMP SENT
ON APRIL 19 WAS NOT FILED.

THANK YOU

ANTHONY J. CHIOCCA PRES.

ARCHITECTURAL DESIGNS BY ANTHONY INC.