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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherinė Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091582

1. Corporation Name

ARCHITECTURAL DESIGNERS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

4600 S.W. THISTLE TERRACE PALM CITY FL 34990

4600 S.W. THISTLE TERRACE PALM CITY FL 34990

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90219 008 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed		
0 0 1 10		1 2-	Mallia Addana				10/27/1998 4. FEI Number		olied For
2. Principal P	lace of Business	1	Mailing Address				65-087/748	<u> </u>	Applicable
21		26	Sulte. Apt. #. etc.		سور بالتكنيف		03 08/1/1:0	\$8.75:A	
Suite, Apt.	#, etc.	27	Suite, Apr. #, etc.				5. Certifcate of Status Desired	Fee Re	
City & Stat	0	[27]	City & State				6. Election Campaign Financing	\$5.00	May Bo
23		28	4,				Trust Fund Contribution	Added to	•
Zip	Country	20	Zip	Cou	ntry		8. This corporation owes the current year Int	angible	
24	25	29	· · ·	30	•		Personal Property Tax.		□No
	9. Name and Address of Current						10. Name and Address of New Registered	Agent	
.					81 Nan	ne			
NOF	RTHCUTT, WILLIAM R ESQ		82 Street Ad			ddress (P.O. Boy Number is Not Accentable).			
2194	4 HWY A1A		82 Street Address (P.O. Box Number is Not Acceptable)						
SUN	TE 306				83				
INDI	AN HARBOUR BEACH FL 32937							T" T =	
					84 City	!	Fi	85 Zip C	ode
11 Durana	to the provisions of Sections 607 0502	and 4	S07 1508 Florida Statuta	s the s	hove-nam	ed corpo	ration submits this statement for the nurnose of	changing its	registered
office or r	registered agent or both in the State of	Flori	da. Such change was au	thonzed	l by the co	orporation	n's board of directors. I hereby accept the appoint	ntment as reg	jistered
agent. I a	m familiar with, and accept the obligation	ons o	f, Section 607.0505, Flori	da Stati	ites.				
SIGNATURE			V	D	Ai		when reinstating) DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	Again signan	ure reduien	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	D	Dilki	☐ DELETE	1.1 11	n.e			Change	☐ Addition
	HATCH, ROBERT L			1.2 N					
NAME				1.2.10	JAIL	- 1			
	ACCO O METHIOTI E TEDDACE			40.07					
STREET ADDRESS	I ****			•	REET ADDRE	:\$S			
CITY-ST-ZIP	4600 S.W. THISTLE TERRACE PALM CITY FL 34990		□ pereze	1.4 CI	TY-ST-ZIP	:SS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE			☐ DELETE	1.4 Cf 2.1 Π	TY-ST-ZIP TLE	iss		☐ Change	☐ Addition
CITY-ST-ZIP			☐ DELETE	1.4 Cr 2.1 TT 2.2 N	TY-ST-ZIP TLE AME			☐ Change	Addition
CITY-ST-ZIP TITLE			☐ DELETE	1.4 Cr 2.1 TT 2.2 N/ 2.3 ST	TY-ST-ZIP TLE AME REET ADDRE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME		-ر در نجس		2.1 TT 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE AME TREET ADDRE				
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT	TY-ST-ZIP TLE AME REET ADDRE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/	TY-ST-ZIP TLE ME TREET ADDRE TY-ST-ZIP TLE ME	ESS CONTRACTOR			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PALM CITY FL 34990			1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/	TY-ST-ZIP TLE AME REET ADDRE	ESS CONTRACTOR			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PALM CITY FL 34990		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C	TY-ST-ZIP TLE AME TREET ADDRE TITY-ST-ZIP TLE AME TREET ADDRE	ESS CONTRACTOR		☐ Change	Addition
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indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same regardened as it made under each; that I am an officer or director of the corporation or the professor 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 any attachment with an eddress, with all other like empowered.

SIGNATURE:

ESUSAN HATCH SECY/TREAS

4/20/99