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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S10653** **(1)**

1. Corporation Name
DESIGNWORKS ARCHITECTS, P.A.

Principal Place of Business	Mailing Address
~~2730 UNIVERSITY BLVD.~~ ~~SUITE #7~~ ~~JACKSONVILLE FL 32217~~	~~2730 UNIVERSITY BLVD.~~ ~~SUITE #7~~ ~~JACKSONVILLE FL 32217-2170~~

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21: 2107 Hendricks Ave.
Suite, Apt. #, etc.
22: Suite 220
City & State
23: Jacksonville, FL
Zip 24: 32207 Country 25: USA

2a. Mailing Address
26: 2107 Hendricks Ave
Suite, Apt. #, etc.
27: Suite 220
City & State
28: Jacksonville, FL
Zip 29: 32207 Country 30: USA

4. FEI Number: 59-3034848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~RODRIGUEZ, ALBERT F.~~
~~2730 UNIVERSITY BLVD., WEST~~
~~JACKSONVILLE FL 32217~~

10. Name and Address of New Registered Agent
81 Name: Albert F. Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable): 2107 Hendricks Ave
83: Suite 220
84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ DATE
Signature required in practice for change 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE OVERLY, H. ROBERT ~~2730 UNIVERSITY BLVD.~~ 2107 Hendricks Ave JACKSONVILLE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE RODRIGUEZ, ALBERT F. ~~2730 UNIVERSITY BLVD.~~ 2107 Hendricks Ave JACKSONVILLE FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036195