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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$13523

RICK BRAUTIGAN ARCHITECTURE, INC.

523	(3)		
CTURE, INC.			
, <u></u>			
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FILED May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
1705 S FED H	•WY	1705 S FEDERAL HWY			· ·		
STE A4		SUITE A-4	SUITE A-4				
• • • · · · · · · · · · · · · · · · · ·		DELRAY BEACH FL 33483 US	DELRAY BEACH FL 33483-3328 US		3. Date Incorporated or Qualified	3a. Date of L	
					11/16/1990	04/05/19	····
2. Francipal F 21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0224719	-	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		····		\$A	.75 Additional
22		27			5. Certificate of Status Desired	1 7	ee Required
City & Stat	le	City & State	····	··········	6. Election Campaign Financing	\$5	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for		der s. 199.032,
24	[25]	[29]	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent	B1	Name	10. Name and Address of New Re	gistered Agent	····
	AUTIGAN, PAUL RICHARD			Name			
	) E LINTON BLVD. STE 305A LRAY BEACH FL 33483		82	Street Add	tress (P.O. Box Number is Not Acceptat	le)	
UEL	LHAT DEAUN FL 33403		83				
			64	City		FL  85	Zıp Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508 Florida Statut	es the abov	e-named cor	poration submits this statement for the p		ning its registered
• office or	registered agent, or both, in the St	ate of Florida. Such change was a	authorized b	y the corpora	ation's board of directors. I hereby accept	ot the appointme	int as registered
•	ал талшаг wiin, алд ассерт ine ог	algations of, Section 607,0505, Fit	oriua Statute	3.			
SIGNATURE	Signature, typical or printed name of registered	agent and tile if applicable. (NOT	£ Registered Ag	ent signature requ	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	PST	OELETE	1.1 TITLE			Ch	iange Addition
NAME	BRAUTIGAN, PAUL RICHAR	RD CI	1.2 NAME	Ì			
STREET ADDRESS	100 E LINTON BLVD. 305A		1.3 STREE	T ADORESS			
City-St-ZiP	DELRAY BEACH FL		1.4 CITY-	ST-21P			
1:1LE	D	☐ DELETE	21 TITLE			Ch	nange 🔲 Addition
NAME	BRAUTIGAN, PAUL RICHAR	ND .	2.2 NAME				
STRUET ADDRESS	100 E LINTON BLVD. 305A		2.9 STREE	T ADDRESS			
C-TY - ST - ZIP	DELRAY BEACH FL		2. 4 CITY-	ST-ZIP			
TOLE		☐ DELET <b>E</b>	3.1 TITLE			Ch	nange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3,3 STREE	T ADDRESS			
City-St-78	<u> </u>		3.4 CITY-	ST-ZIP			
fille		DELETE	4.1 TITLE			Ch	nange 🔲 Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
011Y - \$* - 7IP			4.4 CITY-	ST-ZIP			
THILE		☐ DELETE	5.1 TITLE			- 17 ch	nange 🔲 Addition
NAME			5 2 NAME		//	りくりゃ	1/20
STREET ADDRESS			5.3 STREE	T ADDRESS	$\mathcal{A}$	1413	197
CITY - ST - ZIP			5.4 CITY-	ST - ZIP		100	10 1
1/ILF		DELETE	6.1 TITLE			☐ Ch	nange Addition
NAME.			6.2 NAME	}	20000219	ona o	
STREET ADDRESS	1		6.3 STREE	T ADDRESS	30000219 -05/27/970112	20028	
CITY-ST-ZiP		/	64 CITY		***165 00		
	by certify that the information pupi	plied with this filing does not quali			ed in Section 119.07(3)(i), Fiorida Statute	s. I further certif	y that the

I do hereby certify that the information sopplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual in yorl 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 corp ration 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 minged, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

94 561-212408