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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S15330

(1)

B. C. ARCHITECTS, INC.

**FILED** Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
900 E OSCEO		900 E OSCEOLA ST Stuart FL 34994				
STUART FL 34994   US		US			DO NOT WRITE IN THIS SPACE	
		<del></del>			3. Date Incorporated or Qualified 11/26/1990	
<b>.</b>	Place of Business	2a. Mailing Address 26		~	4. FEI Number 65-0238138	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22		27		···	5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	· <u>-</u> ·		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the co	
24	25		30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cure	rent Registered Agent		<del></del>	10. Name and Address of New Registered	Agent
	IAN CARNES		81	Name		
900 E OSCEOLA ST STUART FL 34994			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
011	OATT IE 01001		83			
			84	City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	/e-named cor	poration submits this statement for the purpose	of changing its registered
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was at ligations of, Section 607.0505, Flor	utnorized b rida Statute	y the corpora is.	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or portlad name of registered	agent and little if applicable (NOTE	Registered Ag	uper equiençia (neg	ired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE			Change Addition
NAME	CARNES, BRIAN		1.2 NAME			
STREET ADDRESS	900 E OSCEOLA ST		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-	ST-7IP	•	
TITLE	VO	DELETE	2.1 TITLE	0, 2,,		Change Addition
NAME	CARNES, BRIAN		2.2 NAME			<u> </u>
STREET ADDRESS	900 E OSCEOLA ST			T AODRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-			
TITLE		DELETE	3.1 TITLE	31-21		☐ Change ☐ Addition
NAME			3.2 NAME	1		- Similar - Fraction
STREET ADDRESS			1	T ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	91.7lF		Change Addition
NAME		C DICCIE	4. 2 NAME	,		change routhon
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY -	S1-ZIP		Change Addition
TITLE		T ACTEUR	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		F-1 -2	5.4 CITY -	ST-ZIP	<u> </u>	
TITLE		DELETE	6.1 TITLE	-		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY_ST_7iP			64 CITY	CT 71D		

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 receiper 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 changes or an attachment with an address.

SIGNATURE:

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