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PROFIT CORPORATION 'ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S17012 **DOCUMENT #** 1. Corporation Name

(3)

FRED LADWIG ARCHITECT, P.A.

| 5.1.1.1.0  | f Durinasa                  |  | Mailin                  | ng Address               |   |  |   | <del> </del>                                 | 1 11818 119 |                                       | Midtl Billing               |  |
|--|-----------------------------|--|-------------------------|--------------------------|---|--|---|--|-------------|---------------------------------------|-----------------------------|--|
| THEODER GOOD STATE OF THE STATE |                             |  |                         |                          |   |  |   |  |             |                                       |                             |  |
| B45 DAFFODIL DRIVE<br>WELLINGTON FL 33414  |                             |  |                         | WELLINGTON FL 33414      |   |  |   |  |             |                                       |                             |  |
| TELEPITOTOTI I E OVIT  |                             |  |                         |                          |   |  |   | 3. Date Incorporated or Qualified 12/04/1990 |             | 3a. Date of Last Report<br>04/13/1995 |                             |  |
| 2. Principal Plac  | e of Busine                 | SS   | 2a. M                   | lailing Address          |   |  |   | 4. FEI Number                                |             |                                       | -                           | pplied For                                   |
| Trinicipal visace of positions   |                             |  | 26                      | <u>├</u> ``              |   |  |   | 00 0200111                                   |             |                                       | Not Applicable              |  |
| Suite, Apt. #,   | , etc.                      |  |                         | uite, Apt. #, etc.       |   |  |   | 5. Certificate of Status Desired             | d [         |                                       |                             | Additional<br>Required                       |
|  |                             |  | 27                      | Va. 9 Danie              |   |  |   | 6. Election Campaign Financin                |             |                                       |                             | May Be                                       |
| <b>-</b>   | City & State                |  | <del>-</del>            | City & State             |   |  |   |  |             |                                       | to Fees                     |  |
| Zip  |                             | Country  | Z-6                     | ip                       | Co  | ountry   |   | 8. This corporation has liability            | y for inta  | angible tax                           | under s                     | 199.032,                                     |
| ]  | ŀ                           | 25   | 29                      | -                        | 30  | ·  |   | Florida Statutes                             | Yes         | No No                                 |                             |  |
| l  |                             | and Address of Cu  | rrent Register          | red Agent                |   | Ι.,  |   | 10. Name and Address of N                    | ew Reg      | istered A                             | gent                        |  |
|  |                             |  |                         |                          |   | 81   | Name  |  |             |                                       |                             |  |
| HEIDLER  | LADWIG.                     | PATTI  |                         |                          |   | 82   | Street Addr   | ress (P.O. Box Number is Not Acce            | eptable)    |                                       |                             |  |
| HEIDLER LADWIG, PATTI<br>1645 PALM BEACH LAKES BLVD.<br>SUITE 640  |                             |  |                         |                          |   |  |   |  |             |                                       |                             |  |
|  |                             |  |                         |                          |   |  |   |  |             |                                       |                             |  |
| WEST PA  | ALM BEAC                    | H FL 33401   |                         |                          |   | 84   | City  |  | ,           | FL                                    | 85 Zij                      | o Code                                       |
|  |                             |  |                         |                          |   |  |   | ration submits this statement for th         |             |                                       | noing its u                 | agistared offi                               |
| familiar with  | h and accer                 | at the obligations of a                                      |                         |                          |   |  |   |  |             |                                       |                             |  |
| RIGNATURE  |                             |  |                         | 505, Florida Statut      |   | red Agent  | t signature require   | ad when reinstating)                         |             | DATE                                  |                             |  |
| IGNATUREs  |                             | or printed name of registered                                |                         | licable                  |   |  | t signature require   | ed when reinstating) ADDITIONS/CHANGES TO    | ) OFFIC     | ERS AND                               |                             |  |
| ignatures<br>2.  |                             | or printed name of registered                                | agent and title if appl | licable                  | NOTE Rogister   |  | t signature require   | id when reinstating)  ADDITIONS/CHANGES TO   | ) OFFIC     | ERS AND                               | DIRECTO                     |  |
| SIGNATURE S  | Signature, typed            | or printed name of registered<br>OFFICERS                    | agent and title if appl | ilicable<br>ORS          | (NOTE Rogister  | 3.   | t signature require   | ed when reinstating) ADDITIONS/CHANGES TO    | ) OFFIC     | ERS AND                               |                             |  |
| EIGNATURE S  2.  ITLE AME  | Signature, typed  D  LADWIC | or printed name of registered<br>OFFICERS                    | agent and title if appl | ilicable<br>ORS          | NOTE Rogister<br>  13<br>  1.   | 3.<br>1 TITLE<br>2 NAME  | abdress   | ad when reinstating) ADDITIONS/CHANGES TO    | ) OFFIC     | ERS AND                               |                             |  |
| EIGNATURE  S  2.  ITLE  IAME  ITREE! ADDRESS   | D<br>LADWIG<br>845 DA       | or printed name of registered OFFICERS                       | agent and title if appl | Micable  ORS  ☐ DELETE   | NOTE Rogister<br>13<br>1.<br>1.2<br>1.3                                   | 3.<br>1 TITLE<br>2 NAME<br>3 STREET<br>4 CITY-S  | ADDRESS   | ed when reinstating) ADDITIONS/CHANGES TO    | OFFIC       | ERS AND                               | ] Change                    | Addition                                     |
| SIGNATURE S  2.  ITLE IAME STREET ADDRESS SITY-S1-ZIP  | D<br>LADWIG<br>845 DA       | or printed name of registered OFFICERS  A, FRED FFODIL DRIVE | agent and title if appl | ilicable<br>ORS          | 13<br>1.<br>1.2<br>1.3<br>1.4<br>2.                                       | 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE  | ADDRESS   | ed when reinstating) ADDITIONS/CHANGES TO    | OFFIC       | ERS AND                               |                             | Addition                                     |
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FRED LANGUIG 4-23-96 SIGNATURE:

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