## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE: \_\_

**DOCUMENT # \$32534** 

**(7)** 

ARCHITECTURAL DESIGNS, INC.  Principal Place of Business Mailing Address 2112 N 15TH ST. STE 100 2112 N 15TH ST. STE 100 SUITE 100 TAMPA FL 33605 US 115 115 115 115 115 115 115 115 115 11					Date Incorporated or Qualified		
00		US			02/19/1991		Last Heport 1/1995
2. Principal Pl	ace of Business	2a. Mailing Addre	<b>\$</b> S		4. FEI Number	03/0	Applied For
1		26			59-3059726		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	n \$	8.75 Additional
City & State	)	27 City & State					Fee Required
3	,	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be
Zip	Country	Zip	Coun	try	This corporation has liability for		Added to Fees
4]	25	29	30			orintangible tax ur ′es ∏No	10ers 199.032,
	9. Name and Address	of Current Registered Agent			10. Name and Address of New		nt
			{	31 Name			
	, KENNETH P.		1	Street Add	dress (P.O. Box Number is Not Accept	table)	
2112 N 1 SUITE 10			Ļ				·
TAMPA F				33			
ו אוויואיו	L 33003		Ī	14 City		FL <sup>8</sup>	5 Zip Code
<ol> <li>Pursuant t or register</li> </ol>	o the provisions of Sections	s 607,0502 and 607,1508, Florida	Statutes, the above	named corpo	pration submits this statement for the r	ourpose of changin	ng its registered offic
familiar wit SIGNATURE	h, and accept the obligation	ns of, Section 607.0505, Florida S	tatutes.	rporation's boa	ard of directors. Thereby accept the ap	opointment as regi	stered agent. I am
familiär wit SIGNATURE	h, and accept the obligation Signature, typid or printed name of re OFFI	ns of, Section 607.0505, Florida S	uthorized by the contatutes.  [NOTE: Registered A	rporation's boa	ard of directors. Thereby accept the ap	DATE	**************************************
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