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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	IVIEN # 532534	1 (/)			
ARCHITECTURAL DESIGNS, INC.					
14101111				A SOCIOLAR AREA AREA AREA AREA A	HILL BORD OVER AND A COLOR BORD AND A COLOR
Principal Plac	e of Business	Mailing Address		I EDUINDID COM LITTU INDUI GIRBU II	litt dent athet dikit hidtt gehrt dinst blåts inne
2112 N 15TH ST. STE 100 2112 N 15TH ST. STE 100					
SUITE 100 SUITE 100				DO NOT W	/RITE IN THIS SPACE
TAMPA FL 33605 US US			3. Date Incorporated or Qualified		
				02/19/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 501	East 9th Avenue	-26 1501 Eas	t 9"Ave	59-3059726	Not Applicable
Suite, Apt.	#, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23) V boc	City Fl		FL	 Election Campaign Financia Trust Fund Contribution 	ng \$5.00 May Be ☐ Added to Fees
ZIP	Country	28 Y DOT CITY	Country		as paid the current year Intangible
24 3360		29 33605	30 Ü.S.A	Personal Property Tax due	P-101
	9. Name and Address of Curren			10. Name and Address of New	
KRO	oger, kenneth p.		B1 Name	Kroger, Kennet	h P.
2112 N 15TH ST B2 Street Address (F				ddress (P.O. Box Number is Not Acc	
SUITE:100				ol East 9th K	trenue
TAN	MPA FL 33605		83		
			84 City	A 1.4.	85 Zip Code
	207.04	LOOP IFOO F		porcity	FL 33605
office or re	egistered agent, or both, in the State	of Florida. Such change was au	uthorized by the corpo	orporation submits this statement for tration's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed rianse of registered ager	A sud bills of an electric (NOTE)	Registered Agent signature re	Quited when referred on	DATE
12.	OFFICERS AND		13.		DEFICERS AND DIRECTORS IN 12
TITLE	PCD	DELETE	1.1 TITLE		Change Addition
NAME	KROGER, KENNETH P.		1.2 NAME		
STREET ADDRESS	2112 N 15TH ST		1.3 STREET ADDRESS	501 East 97h A	<i>lenue</i>
CITY-ST-ZIP	TAMPA FL		1.4 City - St - ZiP	Ybor City FL	- 33 <u>60</u> 5
THTLE	VO	☐ DELETE	21 TITLE	ı 3	Change Addition
NAME	PURDY, SCOTT J		2.2 NAME	501 East 97h K	lue ou e
STREET ADDRESS	2112 N 15TH ST				33600
CITY-ST-ZIP	TAMPA FL ST	DELETE	2.4 CITY-ST-ZIP 31 TITLE	year uty	1 33605 1 Change Addition
TITLE NAME	GILLIS, DONNA		3.2 NAME		7-2
STREET ADDRESS	2112 N 15TH ST			501 East 9th	Avenue
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-7IP		FL 33605
TITLE	At mean ha a de	DELETE	4.1 TITLE	7	Change Addition
NAME			4. 2 NAME	-	
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		(
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Del exc	5.4 CITY-ST-ZIP		
TITLE		LJ OELETE	6.1 TiTLE		Change Addition
NAME CTOTET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
14. I hereby c	certify that the information supplied with	h,this filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated	in Section 119.07(3)(i). Florida Statut	es. I further certify that the information
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 arrural report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corpdaigh or the receiver or truster principle 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.					