Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90029 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$39512

1. Corporation Name

THE ARCHITECTURAL ORGANIZATION, INC.

	•							
Principal Place of Business Mailing Address					1 (34(14)) 100 (11)0 (0)10 (11)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)() 6 (6)(6 (8)(6	1811 81911 1981
		3038 E. COMMERCIAL BLVI FT. LAUDERDALE FL 33308	=					
US					DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 03/19/1991 			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21		26			16-0323674		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23	•	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the curr			7.1.
24	25 29 30		30		Personal Property Tax.		☐Yes	□No
Name and Address of Current Registered Agent				Name	10. Name and Address of New I	registered A	gent	
BUELL, RICHARD W.								
3038 E. COMMERCIAL BLVD.				Street Addi	ress (P.O. Box Number is Not Accept	able)		
FT. LAUDERDALE FL 33308			83					
				City		FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE	Registered Age	nt skinature require	d when reinstating)	DATE		
Ogracia, 1900 o prince in			13.	nt aignotoro rodono	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE			1.1 TITLE		ABBITIONO/OFFAINEED TO GE	<u>, 10 = 110 ; 111</u>	Change	Addition
·NAME	BUELL, RICHARD W.		1.2 NAME	1				
STREET ADDRESS			1.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	0140 1140 BELOW BI		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	BUELL, CYNTHIA A.		2.2 NAME					
STREET ADDRESS	2049 S.E. 15TH CT.		2,3 STREE	T ADDRESS				{
CITY-ST-ZIP -	POMPANO BEACH FL	<u> </u>	2,4 CITY-	ST-ZIP	<u> </u>	<u></u>		
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME	}				
STREET ADDRESS		•	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			Clohanas	C Addition
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME	·		4, 2 NAME					
STREET ADDRESS				TADDRESS				(
CITY-ST-ZIP	• ***		4.4 CITY- S	T-ZIP			☐ Change	Addition
TITLE	`	☐ DELETE	5.1 TITLE 5.2 NAME		•		□ change	☐ Yaqqqqqii j
NAME			■ AT MARKE					,

CITY-ST-ZIP 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 comporation 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 than 3ed, or on an attachment with 3 address with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City-St-Zip

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OFFICER OR DIRECTOR

DELETÉ

Change

☐ Addition