

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S47277** (6) *NC 1-24-96 AEB*

1. Corporation Name  
**ARCHITECTURAL COMPLIMENTS, INC.**  
*ARCHITECTURAL COMPLIMENTS, INC.*



Principal Place of Business Mailing Address  
**7400 TAMiami TRAIL NORTH, SUITE 103 NAPLES FL 33963** **7400 TAMiami TRAIL NORTH, SUITE 103 NAPLES FL 33963**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/23/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0274876</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip		Country		27	28
Zip		Country		29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**DIOGENES, SPYRIDON C.**  
**800 SHADOW LAKE LANE**  
**NAPLES FL 33963**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIOGENES, SPYRIDON C</b>	12 NAME	
STREET ADDRESS	<b>800 SHADOW LAKE LN</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	14 CITY-ST-ZIP	
TITLE	<b>VSTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOTHERGILL, JOHN</b>	22 NAME	
STREET ADDRESS	<b>800 SHADOW LAKE LN</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	24 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**900001826899**  
**05/20/96-01004-019**  
**\*\*\*233.75**

SIGNATURE:

*John E. Fothergill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/96*

*911-59-4607*  
DATE OF FILING

CR2E034 (12/95)