FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62400

1. Corporation Name
ARCHITECTON DESIGNS, INC.

Principal Place of Business	Mailing Address
2111 EAST MICHIGAN ST., STE 140 ORLANDO, FL 32806	466 HENKEL CIRCLE WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 7/91	3a. Date of Last Report: 5/94
4. FEI Number: 59-3074140	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CHESTER D. MILTENBERGER
466 HENKEL CIRCLE
WINTER PARK, FL 32789

10. Name and Address of New Registered Agent

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 607.0502 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP VP	11 TITLE	DP ☒ Change ☐ Addition
NAME	CHESTER D. MILTENBERGER	12 NAME	
STREET ADDRESS	466 HENKEL CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	DVP ☒ Change ☐ Addition
NAME	ANDREW P. ZGURA	22 NAME	
STREET ADDRESS	6907 VON BAMPUS DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32809	24 CITY-ST-ZIP	
TITLE		31 TITLE	DTS ☐ Change ☒ Addition
NAME		32 NAME	WILLIAM T. FULTON, JR.
STREET ADDRESS		33 STREET ADDRESS	910 N. PHELPS AVE.
CITY-ST-ZIP		34 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE		41 TITLE	400001480988 ☐ Addition
NAME		42 NAME	-05/17/95 --01015 --024
STREET ADDRESS		43 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 corporation 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 changed, or on an attachment with an address.

SIGNATURE: ANDREW P. ZGURA 5/7/95 (407)895-7138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #