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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V38439 (8)

1. Corporation Name
JARZYNA & ASSOCIATES ARCHITECTS, P.A.



Principal Place of Business SIX EAST BAY ST. FIFTH FLOOR JACKSONVILLE FL 32202 US	Mailing Address SIX EAST BAY ST. 5TH FLOOR JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 WEST FORSYTH ST. Suite, Apt. #, etc. 22 800 City & State 23 JACKSONVILLE, FL. Zip 24 32202 Country 25 USA		2a. Mailing Address 26 200 WEST FORSYTH ST. Suite, Apt. #, etc. 27 800 City & State 28 JACKSONVILLE, FL. Zip 29 32202 Country 30 USA		3. Date Incorporated or Qualified 05/22/1992	4. FEI Number 59-3124006 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JARZYNA, ANTHONY D
6 E BAY ST
5 FL
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	ANTHONY D. JARZYNA
82 Street Address (P.O. Box Number is Not Acceptable)	200 WEST FORSYTH ST.
83	SUITE 800
84 City	JACKSONVILLE
85 Zip Code	FL 32202

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	D	1.1 TITLE	D.
NAME	JARZYNA, ANTHONY D.	1.2 NAME	ANTHONY D. JARZYNA
STREET ADDRESS	SIX EASY BAY ST., 5TH FLOOR	1.3 STREET ADDRESS	200 WEST FORSYTH ST. - SUITE 800
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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

(Signature) 4/13/98 (904) 306-2131

CR2E034 (10/97)