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

PROFIT **CORPORATION** ANNUAL REPORT 1999

MICHAEL A. PENNEY, ARCHITECT, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90118 009 ***150.00

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Principal Place of Business Mailing Address						- 1 1880) (1900	ום ונטום ננקנ קו	## ###################################	11 81) (1881)
333 S WASHINGTON AVE TITUSVILLE FL 32796			333 S WASHINGTON AVE TITUSVILLE FL 32796			}			
US		US	US .			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/01/1992			
2. Principal Pl	lace of Business	2a. Mailing Addre	ess			4, FEI Number		Ap	plied For
21		26				59-3131161		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75	Additional
22	ر این مواد شد ایرانی میبی نسیا ت ب	27				5. Certificate of Status Desired	Ū,	Fee Re	equired
City & State	6	City & State	-			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added t	to Fees
Zip				intry		8. This corporation owes the curre	ent year Inta	ngible	-1 .
24	25	29	30			Personal Property Tax.			MNo
	9. Name and Address of Curr	ent Registered Agent		81	Alone -	10. Name and Address of New R	egistered A	gent	
PENNEY, MICHAEL A.				81	Name MICHAU	L A PENNEY			}
	S. HOPKINS AVENUE		82 Street			ss (P.O. Box Number is Not Acceptal]
	SVILLE FL 32780		<u></u>			S. WATHINFTON A	<u> </u>		
IIIO	OVILLE I E DETOU			83					
				84	City	ration submits this statement for the r	FL	85 Zip C	796
	A. M. a	E02 and 607 1509 Florid	to Statutos, the a	hove	named corne	rotion submits this statement for the r		hanging its	registered
office or re	egistered agent, or both in the Sta	forida. Such chang	ge was authorized	by c	the corporation	ration submits this statement for the pairs board of directors. I hereby accept	t the appoin	tment as re	gistered
agent. I a	m temilia with, and accept the obli	gations of, Section 607.0			1/20	100	J		
SIGNATURÉ	Signature, typed or printed nature of rigistered a	nen	(NOTE: Beautical	Anne	t signature required t	ubos rainetating)	DATE	/9/	
12.		AND DIRECTORS	13.	- Agoin	C SIGNATOR TO CAMPOO	ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	D	וס 🗌		ΠE				Change	Addition
NAME	PENNEY, MICHAEL A.		1,2 N	AME	ł				1
STREET ADDRESS	640 CONCORD AVE.		13.51	REFT	ADDRESS				-
CITY-ST-ZIP	TITUSVILLE FL			TY-ST					1
TITLE	11100112	☐ DE						Change	Addition
NAME			22 N/	AME	-] .				1
STREET ADDRESS			2.3 \$1	REET	ADDRESS				}
CITY-ST-ZIP			2.4 C						
TITLE -	- Andrewson - Andr	□ DE						Change	☐ Addition
NAME			3.2 N	AME					Ì
STREET ADDRESS			3 3 S1	REET	ADDRESS				ĺ
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				
TITLE		DE	LETE 4.1 TI	TLE				Change	☐ Addition
NAME			4. 2 N	AME	j				}
STREET ADDRESS			4.3 ST	REET	ADDRESS				Ì
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP				
TITLE		☐ DE	LETE 5.1 TI	TLE				Change	Addition
NAME			, 5.2 N/	AME					}
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 Ci	TY-ST	-zip				
TITLE		☐ D8	LETE 6.1 TI	TLE				Change	Addition
NAME			6.2 N/	AME					ļ
STREET ADDRESS			6.3 S1	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-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 of 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 changes, or of an attachment with an address, with all other like empowered.

SIGNATURE: