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PROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation Name

DOCUMENT # V68739

(4)

RIOS-REICH & ASSOCIATES, ARCHITECT, P.A. Mailing Address Principal Place of Business 2405 SOUTHEAST 17TH STREET 2405 SOUTHEAST 17TH STREET SUITE 501 **SUITE 501** OCALA FL 34471 3a. Date of Last Report OCALA FL 34471 3. Date Incorporated or Qualified 04/14/1995 10/01/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3143983 26 21 \$8.75 Additional Suite Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #. etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Florida Statutes Yes No

10. Name and Address of New Registered Agent Zip 30 29 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) COLLINS, LARRY 82 606 SOUTHWEST 3RD AVENUE 83 **OCALA FL 34471** Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE (NOTE Registrical Agent signature required when reinstating) CR2E034 (12/95) akare, typed or printed han eintrequational agend and the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 111LE Mary Rios-Reich TITLE 1.2 NAME REICH-RIOS, MARY NAME L3 STREET ADDRESS 2405 S.E. 17TH ST, SUITE 501 STREET ADDRESS 1.4 CITY - ST - ZIP OCALA FL CITY-ST-ZIP Addition Change DELFTE. 2 1 T TLF TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHTY-ST 71P CITY - ST - ZIP Addition Change DELETE 3 11-TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 4 1 THE THILE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4.0(T) -ST-7(P CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-\$1-ZP CITY-ST-ZIP Change Addit.on 6 1 THLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(k). 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 logal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block Information or first attachment with my address. 64 CITY ST-7'P

FICER OR DIRECTOR

President

3/19/95 (352)622 1313