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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V72086

SCOTT MERRILL, ARCHITECT, P.A.

Deinsing Disc	of Dunings			Initia Address				#8814 BHENL #8818 LINK WEIGH HING #1818	MI BIRIT DIRIT ULBI	
Principal Place of Business Mailing Address 9300 NORTH A1A. #201 9300 NORTH A1A, #201							- 1			
VERO BEACH FL 32963 VERO BEACH FL 32963										
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į							3.	Date Incorporated or Qualifed		
Ĺ <u> </u>								10/19/1992		
—	Place of Busines	s		. Mailing Address			4.	FEI Number) -	pplied For
21	#		26	College And House				<u>59-3150888</u>		ot Applicable
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		Additional equired
22 City & Stat	·	·	27	City & State				<u> </u>		
23			29	28			6.	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip		Country	201	Zip	Cour	ntrv	-	This corporation owes the current year		to rees
24	25	1 1	29	 -	30	,	•	Personal Property Tax.	∏ Yes	□No
\ <u></u> ;		d Address of Curi		stered Agent	1001		10.	Name and Address of New Register		
						81 Name				
	rrill, scott					82 Street Ad	Idean '/F	O Day Nambas is Not Assessable.		
9300 NORTH A1A, #201					oz Street Ad	oress (F	P.O. Box Number is Not Acceptable)		_	
· Ver	O BEACH FL	32963			Ī	83				1.1
						04 0"			a =	0.71
		•				84 City		F	85 Zip	Code
11. Pursuant	to the provision	s of Sections 607.0	502 and 6	07.1508, Florida Stat	utes, the ab	ove-named co	rporatio	n submits this statement for the purpose	of changing its	registered
office or n	egistered agent ım familiar with.	, or both, in the Sta and accept the obli	ite of Florid idations of	da. Such change was . Section 607.0505. F	authorized Iorida Statu	by the corpora tes	ation's bo	pard of directors. I hereby accept the ap	pointment as re	egistered
i -	iditindi titoli	and addept and obt	.gu	, 444 657 (5566), 7	.01100 011111					
SIGNATURE	Signature, typed or p	rinted name of registered a	gent and title	if applicable. (NO	TE: Registered A	gent signature requ	ired when r	reinstating) DATE	· -	
12.		OFFICERS.	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
τιι∕τέ	D		٠.		4.4.7(7)					
NAME .	LACOOUT C			☐ DELETE	1.1 TITL	.E		• • • •	☐ Change	Addition
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V	9300 NORTI	H A1A, #201		L) DELETE	1.2 NAM				∐ Change	Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of 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 appears, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90024 025 ***150.00

561-388-1600

CR2E034 (11/98)