

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tara A. Northcutt  
Secretary of State  
TALLAHASSEE, FLORIDA 32399

APPROVED  
AND  
FILED

55 MAY - 1 11:12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026374 (7)**

**A 17 DESIGN STUDIO, INC. ARCHITECTURE AND PLANNING**

Principal Office of Business  
**1527 HUNTINGTON ST  
DELTONA FL 32725**

Mailing Address  
**P.O. BOX 5868  
DELTONA FL 32728**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3176861** 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. 191.032 Florida Statutes  Yes  No

21. Federal Employer's Identification No.	26. Mailing Address
22. State App # etc.	27. State App # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**OPREANU, INA  
1527 HUNTINGTON ST.  
DELTONA FL 32725**

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3.	
B4. City	

11. Pursuant to the provisions of Sections 1907, 1908 and 607, 1908, 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. Each 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 1907, 1908, Florida Statutes.

SIGNATURE

(Signature of Registered Agent for the Corporation)

(Signature of Registered Agent for the State of Florida)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

OFFICER	PT
NAME	<b>OPREANU, NICK</b>
STREET ADDRESS	<b>1527 HUNTINGTON ST</b>
CITY, STATE, ZIP	<b>DELTONA FL</b>
OFFICER	S
NAME	<b>OPREANU, INA</b>
STREET ADDRESS	<b>1527 HUNTINGTON ST</b>
CITY, STATE, ZIP	<b>DELTONA FL</b>
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and true, and qualify for the exemptions stated in Sections 1907, 1908, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This report is prepared on behalf of the corporation or the officer or registered agent authorized to prepare this report, as required by Chapter 1907, Florida Statutes, and that my name appears on the report. My Block 114 of a telephone call is attached with an address.

SIGNATURE: *Nick Opreanu* **NICK OPREANU** **4/27/1995** **(904)532-1147**