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03-04-1999 90141 024 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000022792

1. Corporation Name
CARDINAL, CARLSON & PARKS ARCHITECTS, INC.



Principal Place of Business	Mailing Address
330 S PINEAPPLE BLVD 204 SARASOTA FL 34236-3423 US	330 S PINEAPPLE BLVD 204 SARASOTA FL 34236-3423 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	03/10/1997
4. FEI Number	65-0740200
5. Certificate of Status Desired	<input checked="" 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 330 S. Pineapple Ave	26 330 S. Pineapple Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 204	27 204
City & State	City & State
23 Sarasota, FL	28 Sarasota, FL
Zip Country	Zip Country
24 34236 25 US	29 34236 30 US

9. Name and Address of Current Registered Agent

CARLSON, MICHAEL
 330 S PINEAPPLE AVE
 204
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Michael R. Carlson DATE 2/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARDINAL, THOMAS	
STREET ADDRESS	2355 MILFORD CIR	
CITY-ST-ZIP	VENICE FL 34239	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKS, DALE	
STREET ADDRESS	512 MADISON COURT	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARLSON, MICHAEL	
STREET ADDRESS	3619 RHINE ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARDINAL, THOMAS	
1.3 STREET ADDRESS	2205 ARLINGTON ST.	
1.4 CITY-ST-ZIP	SARASOTA, FL 34239	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARLSON, MICHAEL	
3.3 STREET ADDRESS	2355 MILFORD CIR	
3.4 CITY-ST-ZIP	SARASOTA, FL 34239	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Michael R. Carlson DATE 2/13/99 Daytime Phone # 941-362-4312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)