

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 27, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 421811 (1)**  
1. Corporation Name  
**BRPH ARCHITECTS ENGINEERS, INC.**



Principal Place of Business: **3275 SUNTREE BLVD. MELBOURNE FL 32940-4599**  
Mailing Address: **3275 SUNTREE BLVD. MELBOURNE FL 32940-4599**

3. Date Incorporated or Qualified: **02/26/1973**      3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-1447471**      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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip      Country

9. Name and Address of Current Registered Agent  
**BRIEL, ERNEST M  
401 ROXY AVENUE  
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and officer, if applicable. (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	SIMPERS, M.R.	
STREET ADDRESS	3595 JAMES RD	
CITY - ST - ZIP	COCOA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRIEL, ERNEST M. JR.	
STREET ADDRESS	401 ROXY	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOUSER, LYLE M. JR.	
STREET ADDRESS	5825 US 1 SOUTH	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RHAME, E. HARRISON	
STREET ADDRESS	561 INVERNESS	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAW, LAWRENCE M.	
STREET ADDRESS	4390 STILLWATER DR	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THRON, RANDALL E	
STREET ADDRESS	457 BLUFF DRIVE	
CITY - ST - ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 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.

SIGNATURE: *Susan B. DeFord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 20, 1996 (407) 254-7666*  
DATE DAYTIME PHONE #

CR2E034 (12/95)



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ADDITIONAL OFFICER

T  
SUSAN B. GIFFORD  
910 DELTA WAY  
MELBOURNE, FL 32940