

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90155 016 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 475402

1. Corporation Name
HELMAN HURLEY CHARVAT PEACOCK/ARCHITECTS, INC.



Principal Place of Business 222 W MAITLAND BLVD MAITLAND FL 32751-4323	Mailing Address 222 W MAITLAND BLVD MAITLAND FL 32751-4323
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1975	4. FEI Number 59-1593719	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PEACOCK, THOMAS E. 222 W. MAITLAND BLVD. MAITLAND FL 32751	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE THOMAS R HURLEY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS R HURLEY	1.2 NAME	
STREET ADDRESS	P O BOX 547461	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32854-7461	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE NEWLIN JOHN H JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLIN JOHN H JR	2.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE BRAIN CHARLES S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAIN CHARLES S	3.2 NAME	
STREET ADDRESS	1623 ORLANDO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE ZIEBARTH LAWRENCE W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEBARTH LAWRENCE W	4.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE HELMAN ALAN C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMAN ALAN C	5.2 NAME	
STREET ADDRESS	204 QUAYSIDE CIRCLE #504	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE WANKAY ROBERT A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANKAY ROBERT A	6.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	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: Thomas R Hurley Date: 4/23/99 Daytime Phone #: 407-644-2656
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)