


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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90130 041 ***150.00

0542184

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

DOCUMENT # 845910

1. Corporation Name
HKS ARCHITECTS, INC.



Principal Place of Business 700 NORTH PEARL STE. 1100. LB 307 DALLAS TX 75201 US	Mailing Address 700 N. PEARL STE. 1100. LB 307 DALLAS TX 75201 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1919 McKinney Avenue Suite, Apt. #, etc. 22 City & State 23 Dallas, TX Zip Country 24 75201-1753 25 US	2a. Mailing Address 26 1919 McKinney Avenue Suite, Apt. #, etc. 27 City & State 28 Dallas, TX Zip Country 29 75201-1753 30 US
---	--

3. Date Incorporated or Qualified 05/05/1980	Applied For Not Applicable
4. FEI Number 75-1082838	
5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAME, RONALD M	1.2 NAME	
STREET ADDRESS	11201 LEACHMAN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75229	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAGGS, RONALD L.	2.2 NAME	
STREET ADDRESS	5229 WINDJAMMER	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, H. RALPH	3.2 NAME	
STREET ADDRESS	3301 HIDALGO	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKUH, C. JOE	4.2 NAME	
STREET ADDRESS	11615 HIGH FOREST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75230	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  C. Joe Buskuhl 2/12/99 214/969-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)