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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # F9600001856 (1)

WATKINS CARTER HAMILTON ARCHITECTS, INC.

6575 WEST LOOP SOUTH, SUITE 300 BELLEAIRE TX 77401

Mailing Address

6575 WEST LOOP SOUTH, SUITE 300 BELLEAIRE TX 77401-3511

FILED Apr 15 1997 8:00am Secretary of State



| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
|---|---|---|---------------------|---|--|---|--------------|--|---|--|
| | | | | | | Date Incorporated or Qualified 04/15/1996 | 3a. Da | le of Last H | eport | |
| 2. Principal P | sace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | Ar | oplied For | |
| 21 | | 26 | 26 | | | 76-0127063 | | | Not Applicable | |
| Suite, Apt | # , €Ic. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | | Fee Re | equired | |
| City & Stat | C: | City & State | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | to Fees | |
| Žiρ | Country | Zip | Cour | ntry | ······································ | B. This corporation has liability for i | ntangible | tax under s | . 199.032 | |
| 24 | 25 29 30 | | | Florida Statutes Yes V No | | | | | | |
| =-11 | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New Re- | stered / | gent | ***** | |
| CT | CORPORATION SYSTEM | | | 81 | Name | | | | | |
| C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | 83 | |
| | | | | 53 | | | | | | |
| | | | | | | | ŀ | 84 | City | |
| | | | | | | | FL | 1 1 | | |
| 11. Pursuant | to the provisions of Sections 607,050 | 02 and 607.1508, Florida Statu | ites, the ab | OVE | -named corp | oration submits this statement for the p on's board of directors. I hereby accep | urpose of | changing i | ts registered | |
| office or r | registered agent, or both, in the State | of Florida Such change was | authorized | l by | the corporation | on's board of directors. I hereby accep | it the app | ointment as | registered | |
| agent La | am tamiliar with, and accept the oblig | alions of, Section 607.0505, F | TOTICA SIAII | utes | > . | | | | | |
| SIGNATURE | Stand rectioned or per tential ending stend age | AIC I I I I I I I I I I I I I I I I I I | NT Franks | | | ed when reinstating) | DATE | ······································ | | |
| 40 | | D DIRECTORS | 13. | AQE | ni signature require | ADDITIONS/CHANGES TO OFFICE | | DIRECTOR | RS IN 12 | |
| 12. | OFFICERS AN | DELETE | 1.1 III | 1 E | | ADDITIONS/OFFICIALISES TO OFFIC | LIO AND | Change | Addition | |
| 1 11 F | | | | | | | | Em Onange | LJ ROGINON | |
| HAME | ARMS SHOW I GOD COLUMN ALIEN AGO | | | ME | 1 | | | | | |
| SPREET ADDRESS | 6575 WEST LOOP SOUTH, SI | JITE 300 | 1.3 ST | REET | ADDRESS | | | | | |
| 0/TY-S1-7/2 | BELLEAIRE TX 77401 | | 1.4 CII | Y-5 | T-ZIP | | | | | |
| T TEE | V | DELETE | 2 1 TIT | LE | | | | Change | Addition | |
| NAME | CARTER, DON W AIA | | 22 NA | ME. | | • • | | | | |
| STREET ADDRESS | 6575 WEST LOOP SOUTH, SUITE 300 | | | 2.3 STREET ADDRESS | | | | | | |
| OFY SE-ZP | BELLEAIRE TX 77401 | | | TV_ 0 | ST-ZIP | | | | | |
| 10(f | S DELETE | | | 31 TITLE | | | | Change | Addition | |
| | _ | | | 3.2 NAME | | | | | parameter of the second | |
| RAME | HAMILTON, D K FAIA | | | | | | | | | |
| SUREEL ADDRESS | 6575 WEST LOOP SOUTH, S | UITE 300 | | | ADORESS | | | | | |
| CITY ST ZW | BELLEAIRE TX 77401 | | 34 CI | | 37-ZIP | , | | | 1 | |
| 1)11; F | | | | LE | | | | Change Change | Addition | |
| MAM | ROSS, KENNETH L JR, AIA | | 4. 2 N/ | ME | | | | | | |
| STREET ADDRESS | 6575 WEST LOOP SOUTH, S | UITE 300 | 4.3 \$T | REET | ADDRESS | | | | | |
| GLY-St. Zift | BELLEAIRE TX 77401 | | 4.4 CIT | TY-S | T-ZIP | | | | | |
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| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | | | | |
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| TITLE | | DELETE | 6.1 TIT | | | | | ☐ cuange | L AQUIRON | |
| NAMI | | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | 1 | | 6.3 ST | REET | ADDRESS | | | | | |
| CHY-ST ZIP | | | 6.4 CH | ΓY-\$ | it- ž iP | | | | | |
| | by certify that the information supplie | d with this filing does not qua | lify for the | ехе | mption stated | in Section 119.07(3)(i), Florida Statute | s. I further | certify that | the | |

4. To hereby certify that the information supplied with this hing does not quantify for the exemption inclicated on this annual report or suppliemental 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 trusted 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:

URE LUC TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10.97 713/665-5665

Daytime Phone ≠