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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

30

DOCUMENT # M96095

25

	1. Corporation Name HUNTON, BRADY	, PRYOR & MA		HITECTS, P.A.			
h	Principal Place of Business		Mailing Address				
	135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405		135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405				
			<u>-</u> -				
21	2. Principal Place of Busi 	ness	2a. 26	Mailing Address			
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			
22	2		27				
	City & State			City & State			
23	3		28				
	Zip	Country		Zip	Country		

29

Name and Address of Current Registered Agent

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90023 021 ***150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/25/1988 4. FEI Number

59-2910866

PRYOR, FRED H JR. 135 West Central Blvd., Suite 400			"	ranc				
			82	Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32801	83						
					634			\$14. (4)
			84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth-	orized by	the corpo	corporation submits this state oration's board of directors. I	ement for the purpose of hereby accept the appoi	changing i	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Be	nintarad Acas		equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	. (NOTE, Rej	13.	signature re		NGES TO OFFICERS AN	ID DIDECT	ODS IN 12
TITLE	C	☐ DELETE	1.1 TITLE		T AM FACTOR	TOLD TO OFFICERO A	Change	
NAME	BRAYD, CLYDE A III		1.2 NAME					
STREET ADDRESS	135 WEST CENTRAL BLVD.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST					,-
TITLE	P	DELETE	2.1 TITLE	-2119			[] Change	☐ Additio
NAME	PRYOR, FRED H JR.		2.2 NAME	i	•		onange	
STREET ADDRESS	135 WEST CENTRAL BLVD.		2.3 STREET	ADDDECC	•			
CITY-ST-ZIP	ORLANDO FL							
TITLE	VPS	☐ DELETE	2. 4 CITY-ST 3.1 TITLE	1-411			☐ Change	☐ Additio
NAME	MASO, MAURIZIO J		3.2 NAME	ļ			Criange	
STREET ADDRESS	135 WEST CENTRAL BLVD.		3.3 STREET	ADDDCCC			•	
CITY-ST-ZIP	ORLANDO FL				•			
TITLE	ORDANDO FE	☐ DELETE	3.4. CITY-ST	-ZIP			☐ Change	Addition
NAME			4.2 NAME				·L_J Onlingo	· · · · · · · · · · · · · · · · ·
STREET ADDRESS	•		4.2 NAME	ADDRESS				
CITY-ST-ZIP								
TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	-212			☐ Change	☐ Addition
NAME			5.2 NAME		•		Change	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	-		6.2 NAME					
STREET ADDRESST		ľ	6.3 STREET	ADDRESS				
			6.4 CITY-ST-					
CITY-ST-ZIP	ertify that the information supplied with this filing does	not qualify for the			1- C4 440 07/0V° - 51	d. 04-4-4 1.6-45	U.S. 414-41	7 . 2

4. 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 by 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:

IN TURE AND TYPED OR THING THE OF SIGNING OFFICER OR DIRECTOR

14/99 407-859-0886

CR2E034 (11/98)