## 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

## DOCUMENT # 582636

1. Corporation Name

CUHACI & PETERSON, ARCHITECTS, INC.

	•			<del></del>			<u>-</u> †	E DEMIN BLOIN B	4815 B1811 1881
Principal Place	e of Business	М	ailing Address				<b>.</b>		
1220 ALDEN RD	)	12	20 ALDEN RD						
			ORLANDO FL 32803					<b></b>	
US US			US				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
	`						08/17/1978		}
2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI Number	Ap	plied For
		26	-				59-1934871	No	t Applicable
21 Suita Ant	# atc	20	Suite, Apt. #, etc.				<u> </u>	\$8.75	
Suite, Apt.	#, <del>8</del> 16.	Ь	outo, Apt. #, oto.				5. Certifcate of Status Desired	Fee Re	
22		27	011-10-01-1-						
City & State	e 		City & State	-			6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added t	5 Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year Intar		
24	25	29		30			· orconari repris	<b>Z</b> Yes	□No
	9. Name and Address of Current	Regis	stered Agent		L		10. Name and Address of New Registered A	gent	
• •	10.20				81	Name			
PETE	erson, Lonnie G				Ш				
	ALDEN RD				82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
#400									
					83				ļ
	ANDO FL 32803 .				84	City		85 Zip (	ode
, ##1			:		04	City	FL	2.5	7000
11 Purcuant	to the provisions of Sections 607 0502	and f	307 1508 Florida Statute	es, the a	bove	e-named corp	oration submits this statement for the purpose of c	hanging its	registered
office or re	egistered agent or both in the State o	f Flori	da. Such change was au	uthorizac	1 hv	the corporatio	on's board of directors. I hereby accept the appoint	ment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of	i, Section 607.0505, Flor	ida Stati	utes.	•			in a l
SIGNATURE	• •								\
	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registered	l Agen	t signature required			
12.	OFFICERS AND	DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	CEO		DELETE	1.1 ∏	TLE	~		Change	Addition
NAME	CUHACI, EDWARD J			1.2 N/	AME	$ \mathcal{O} $	awas, James E. 200 Alden Road		
STREET ADDRESS	55 METCALFE ST. #1150			135	IREET	ADDRESS \	220 Alden Road		
	OTTAWA, ONT, CO 00000					730	rlando, FL 32803		{
CITY-ST-ZIP			DELETE	2.1 TI	ITY-SI	1-21			
TITLE	P					•		Change	Addition
NAME			□ DELETE	4		١,		☐ Change	Addition
	Peterson, Lonnie		C) Deteile	2.2 N		لبر		☐ Change	₹ Addition
STREET ADDRESS	Peterson, Lonnie 1220 Alden RD		C) DELETE	2.2 N	AME	ADDRESS 12	ynch, Michael E. 20 Alden Road	☐ Change	Addition
- '	1220 ALDEN RD		O pereie	2.2 N/ 2.3 ST	AME TREET	ADDRESS 12	ynch, Michael E. 20 Alden Road	Change	Addition
CITY-ST-ZIP	•		☐ DELETE	2.2 N/ 2.3 ST 2.4 C	AME TREET	ADDRESS 12 T-ZIP 0	ench, michael E. 20 Alden Road Flando Fl 32803	Change	Addition
CITY-ST-ZIP	1220 ALDEN RD ORLANDO, FL 00000 32803	<u>.                                    </u>		2.2 NA 2.3 ST 2.4 C 3.1 TI	AME TREET CITY-S TLE	T-ZIP O	ench, michael E. 20 Alden Road Flando Fl 32803		
CITY-ST-ZIP TITLE = NAME	1220 ALDEN RD ORLANDO, FL 00000 32803	• .		2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	AME TREET CITY-S TLE AME	T-ZIP	ench, michael E. 20 Alden Road Flando Fl 32803		
CITY-ST-ZIP	1220 ALDEN RD ORLANDO, FL 00000 32803	• .		2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	AME TREET CITY-S TLE AME TREET	T-ZIP O	ench, michael E. 20 Alden Road Flando Fl 32803		
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CITY-ST-ZIP TITLE = NAME STREET ADDRESS	1220 ALDEN RD ORLANDO, FL 00000 32803	· .		2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	AME TREET CITY-S TLE AME TREET CITY-S	T-ZIP O	snch, Michael E. 20 Alden Road Flando Fl 32803		
CHY-ST-ZIP TITLE  *NAME STREET ADDRESS CHY-ST-ZIP TITLE	1220 ALDEN RD ORLANDO, FL 00000 32803	• .	DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TII 3.2 N/ 3.3 ST 3.4. C	AME TREET OTLE AME TREET OTTY-S TTLE	T-ZIP O	snch, Michael E. 20 Alden Road Flando Fl 32803	☐ Change	Addition
CITY-ST-ZIP TITLE - NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME	1220 ALDEN RD ORLANDO, FL 00000 32803	· .	DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N	AME TREET CITY-S TLE AME TREET CITY-S TLE IAME	T-ZIP C	snch, Michael E. 20 Alden Road Flando Fl 32803	☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1220 ALDEN RD ORLANDO, FL 00000 32803	• .	DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 .C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI	AME TREET TITLE AME TITLE	T-ZIP C	grah, Michael E 20 Alden Road Flando FL 32803	☐ Change	Addition
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CITY-ST-ZIP TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1220 ALDEN RD ORLANDO, FL 00000 32803	· .	☐ DELETE ☐ DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI	AME TREET	T-ZIP O  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	grah, Michael E. 20 Alden Road Flando Fl 32803	Change	Addition Addition

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/supplement annual report is five 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 of trustile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of or an attachment with an indirect, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90176 008 \*\*\*150.00