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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90087 040 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G06198

1. Corporation Name
PQH ARCHITECTS, INC.



Principal Place of Business Mailing Address
~~0431 BAYMEADOWS WAY, STUDIO 1~~ ~~0431 BAYMEADOWS WAY, STUDIO 1~~
~~JACKSONVILLE FL 32256~~ ~~JACKSONVILLE FL 32256~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 4141 Southpoint Dr. E. 26 4141 Southpoint Dr. E.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 200 27 Suite 200
 City & State City & State
 23 Jacksonville FL 28 Jacksonville FL
 Zip Country Zip Country
 24 32216 25 US 29 32216 30 US

3. Date Incorporated or Qualified
10/27/1982

4. FEI Number Applied For
59-2228220 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WILENSKY, DANIEL F., ESQ.
1916 ATLANTIC BLVD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
FL

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PTS | <input type="checkbox"/> DELETE |
| NAME | PEREZ, JOSE MARIA | |
| STREET ADDRESS | 8200 WOODPECKER TR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | QUINONES, RICARDO | |
| STREET ADDRESS | 1359 GROSVENOR SQUARE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HOENSHL, ROBERT D. | |
| STREET ADDRESS | 1384 SAN MATEO AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Mary S. McQuaig | |
| 4.3 STREET ADDRESS | 2141 Lou Dr. West | |
| 4.4 CITY-ST-ZIP | Jacksonville FL 32216 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: 01-28-99 (904) 296-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)