

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 # K03283

1. Corporation Name

BKM ARCHITECTS INC.

Principal Place of Business

9440 PHILLIPS HWY STE 6  
JACKSONVILLE FL 32256  
US

Mailing Address

9440 PHILLIPS HWY STE 6  
JACKSONVILLE FL 32256  
US

2. Principal Place of Business

21 9141 Cypress Green Dr.

2a. Mailing Address

26 9141 Cypress Green Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3  
City & State

27 3  
City & State

23 Same

28 Same

24 Same 25 Same

29 Same 30 Same

9. Name and Address of Current Registered Agent

MITTAL, RADHE S.  
9440 PHILLIPS HWY, SUITE 6  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

11/20/1987

4. FEI Number

59-2871546

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name Same

82 Street Address (P.O. Box Number is Not Acceptable)

9141 Cypress Green Dr. SUITE 3.

83

84 City

Same

FL

85 Zip Code

Same

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/99

12.

OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MITTAL, RADHE S. CHANGES

STREET ADDRESS 9440 PHILLIPS HWY. SUITE 6

CITY-ST-ZIP JACKSONVILLE FL

TITLE VS ☐ DELETE

NAME KHAN, KHALIL A. CHANGES

STREET ADDRESS 9440 PHILLIPS HWY. SUITE 6

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition

1.2 NAME RADHE S. MITTAL

1.3 STREET ADDRESS 9141 CYPRESS GREEN DR. SUITE 3.

1.4 CITY-ST-ZIP JACKSONVILLE FL. 32256

2.1 TITLE VS. ☒ Change ☐ Addition

2.2 NAME KHALIL A. KHAN.

2.3 STREET ADDRESS 9141 CYPRESS GREEN DR. SUITE 3

2.4 CITY-ST-ZIP JACKSONVILLE FL. 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 \*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/99 9:30:25

Daytime Phone #

FILED  
Mar 19, 1999 8:00 am  
Secretary of State

03-19-1999 90009 015 \*\*\*150.00

03-19-1999 90009 016 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (1/198)