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 # P30533

SCHEER	TANAKA DENNEHY ARCHIT	TECTS,	INC.									
Principal Place	e of Business	Mailing	g Address				 - ⋅	H	OBSTORY TOO STIFF ON FOLDING		ASOL BIRTI BIRLS	
18201 MC DURMOTT WEST. #A 18201 MC DURMOTT WI IRVINE CA 92614 IRVINE CA 92614 US US				T. #A					DO NOT W	/RITE IN THI	IS SPACE	
00		•					T	3. Date Ir	ncorporated or Qualif	ed		
								08/06	71990			
2. Principal P	lace of Business	2a. Ma	iling Address					4. FEI NL			A	pplied For
21		26						95-29	48232			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifo	ate of Status Desired	ed Sa.75 Additional Fee Required			
City & Stat	θ	Cit	City & State					6. Election Campaign Financing \$5.00 May Be				
23		28	28					Trust Fund Contribution			Added	to Fees
Zip	Country	Zip)	Cou	intry			B. This co	orporation owes the o	current year I		_
24	25	29		30					al Property Tax.		□ Yes	□No
	9. Name and Address of Current	Registere	d Agent				1	0. Name	and Address of Ne	w Registere	d Agent	
					81	Name						
D.T. YOSHINO ARCHITECTS A1A					82 Street Addr			(P.O. Bo)	Number is Not Acce	eptable)		·
	GLADES ROAD											
STE 225				83								
BOCA RATON FL 33434					84 City					-	. 85 Zip	Code
					1 1					F		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligati	nt Florada S	Such change was a	utnonzeo	o dv	the corbo	corporation's	board of	directors. I hereby ac	cept the app	ointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if app	iicable. (NOTE	E: Registered	1 Agen	it signature re	required whe			DATE		
12.	OFFICERS ANI					ADDITIONS/CHANGES TO OF			OFFICERS /	AND DIRECT	ÖRS IN 12	
TITLE	PTS		DELETE	1.1 TI	ITLE		Y IC	e Pro	esdent		☐ Change	Addition
NAME	SCHEER, PATRICK E.			1.2 N	AME.		mic	mee	N. Eiley			``
STREET ADDRESS	18201 MCDURMOTT WEST, #A	L		1.3 S	TREET	ADDRESS	Sa	me				
CITY-ST-ZIP	IRVINE CA 92614			1.4 C	ΠY-\$	T-ZIP						
TITLE	V		☐ DELETE	2.1 TI	ITLE						Change	☐ Addition
NAME	DENNEHY, JERRY			2.2 N	AME							
STREET ADDRESS	18201 MCDURMOTT WEST, #A	•		2.3 S	TREET	FADDRESS						
CITY-ST-ZIP	IRVINE CA 92614			2.40	OTY-\$	T-ZIP						
TITLE	V	-	☐ DELETE		3.1 TITLE						Change	Addition
NAME	TANAKA, RICHARD			3.2 N	AME							
STREET ADDRESS	18201 MCDURMOTT WEST, #A			3.3 S	TREET	FADDRESS						
CITY-ST-ZIP	IRVINE CA 92614			3.4. 0	ITY-S	T-ZIP		***				
TITLE	Min A Anna - An - Alla -		☐ DELETE	4.1 Ti	TLE						Change	☐ Addition
NAME	Kiled michael			4.2N	NAME							
STREET ADDRESS				4.3 \$	TREET	F ADDRESS						
CITY-ST-ZIP				_	ITY-S	T-ZIP						☐ Additio
TITLE			☐ DELETE	5.1 T							Change	Addition
NAME	1			5.2 N								
STREET ADDRESS						F ADDRESS						İ
CITY-ST-ZIP					ITY-S	T-ZiP					Change	Addition
TITLE			☐ DELETE	6.1 T							change	☐ vaginon
NAME				6.2 N								
STREET ADDRESS	I			6.3 S	IKEET	raddress :	Ł					

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 chapter or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

CURED

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90116 043 ***150.00