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May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049174 (2)

1. Corporation Name  
HYMAN-HOK DESIGN/BUILD, INC.



Principal Place of Business Mailing Address  
9440 HOLLYWOOD BLVD. STE 300 9440 HOLLYWOOD BLVD. STE 300  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6866

3. Date Incorporated or Qualified 06/23/1995  
3a. Date of Last Report 10/09/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number APPLIED FOR 52-1995924  
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME PD JORDAN, SIDNEY J  
STREET ADDRESS 15310 AMBERLY DRIVE, SUITE 105  
CITY-ST-ZIP TAMPA FL 33647  
TITLE  DELETE  
NAME VPD KARAMITSANIS, PETE  
STREET ADDRESS 201 NORTH FRANKLIN ST., SUITE 3000  
CITY-ST-ZIP TAMPA FL 33602  
TITLE  DELETE  
NAME S EARLE, LINDA P  
STREET ADDRESS 3440 HOLLYWOOD BOULEVARD  
CITY-ST-ZIP HOLLYWOOD FL 33021  
TITLE  DELETE  
NAME T VASWANI, RICHARD N  
STREET ADDRESS 7500 OLD GEORGETOWN ROAD  
CITY-ST-ZIP BETHESDA MD 20814  
TITLE  DELETE  
NAME D LIETZ, KENNETH R  
STREET ADDRESS 3440 HOLLYWOOD BOULEVARD  
CITY-ST-ZIP HOLLYWOOD FL 33021  
TITLE  DELETE  
NAME D FORSTER, PETER C  
STREET ADDRESS 7500 OLD GEORGETOWN ROAD  
CITY-ST-ZIP BETHESDA MD 20814

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 do 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.

SIGNATURE: *Linda P. Earle* LINDA EARLE, SECRETARY 4/30/97 (954) 963-6205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)