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FILED

May 06 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 # P95000065944 (7)

1. Corporation Name
HYMAN - DLR GROUP DESIGN/BUILD, INC.



Principal Place of Business
3440 HOLLYWOOD BOULEVARD
SUITE 300
HOLLYWOOD FL 33021

Mailing Address
3440 HOLLYWOOD BOULEVARD
SUITE 300
HOLLYWOOD FL 33021-6966

3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

65-0613211

Applied For

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
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 line if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SIDNEY J. JORDAN
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY - ST - ZIP BETHESDA MD 20814

DELETE

TITLE VPD
NAME MICHEAL LEWIS
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY - ST - ZIP BETHESDA MD 20814

DELETE

TITLE S
NAME BRUCE J. MOLDOW
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY - ST - ZIP BETHESDA MD 20814

DELETE

TITLE T
NAME VASWANI, RICHARD N.
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY - ST - ZIP BETHESDA MD 20814

DELETE

TITLE D
NAME PETER C. FORSTER
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY - ST - ZIP BETHESDA MD 20814

DELETE

TITLE D
NAME LIETZ, KENNETH R.
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY - ST - ZIP BETHESDA MD 20814

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
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6.1 TITLE
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6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

SECRETARY
JAMES A. HOOFF
7500 OLD GEORGETOWN RD.
BETHESDA, MD 20814

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:

JAMES A. HOOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

301-986-8100

Date

Daytime Phone #

CR2E034 (9/96)