

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Mar 27, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 421811 (1)**  
1. Corporation Name  
**BRPH ARCHITECTS ENGINEERS, INC.**



Principal Place of Business: **3275 SUNTREE BLVD. MELBOURNE FL 32940-4599**  
Mailing Address: **3275 SUNTREE BLVD. MELBOURNE FL 32940-4599**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/26/1973</b>	3a. Date of Last Report <b>04/26/1995</b>
21	26	Suite, Apt. #, etc.		4. FEI Number <b>59-1447471</b>	Applied For Not Applicable
22	27	City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRIEL, ERNEST M 401 ROXY AVENUE MELBOURNE FL 32940</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 officer, if applicable. (NOTE: Registered Agent's signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VS</b>	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMPERS, M.R.</b>	1. 2 NAME	
STREET ADDRESS	<b>3595 JAMES RD</b>	1. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	1. 4 CITY - ST - ZIP	
TITLE	<b>DP</b>	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIEL, ERNEST M. JR.</b>	2. 2 NAME	
STREET ADDRESS	<b>401 ROXY</b>	2. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	2. 4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSER, LYLE M. JR.</b>	3. 2 NAME	
STREET ADDRESS	<b>5825 US 1 SOUTH</b>	3. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCKLEDGE FL</b>	3. 4 CITY - ST - ZIP	
TITLE	<b>D</b>	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHAME, E. HARRISON</b>	4. 2 NAME	
STREET ADDRESS	<b>561 INVERNESS</b>	4. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	4. 4 CITY - ST - ZIP	
TITLE	<b>VD</b>	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, LAWRENCE M.</b>	5. 2 NAME	
STREET ADDRESS	<b>4390 STILLWATER DR</b>	5. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	5. 4 CITY - ST - ZIP	
TITLE	<b>VD</b>	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THRON, RANDALL E</b>	6. 2 NAME	
STREET ADDRESS	<b>457 BLUFF DRIVE</b>	6. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	6. 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **March 20, 1996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (407) 254-7666

CR2E034 (12/95)



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ADDITIONAL OFFICER

T  
SUSAN B. GIFFORD  
910 DELTA WAY  
MELBOURNE, FL 32940