

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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

|  |  |
|--|--|
| Principal Place of Business<br><b>3275 SUNTREE BLVD.<br/>MELBOURNE FL 32940-4599</b> | Mailing Address<br><b>3275 SUNTREE BLVD.<br/>MELBOURNE FL 32940-4599</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |    |                                    |    |  |  |
|--------------------------------|----|------------------------------------|----|--|--|
| 2. Principal Place of Business |    | 2a. Mailing Address                |    | 3. Date Incorporated or Qualified<br><b>02/26/1973</b>   |  |
| 21                             | 26 | 4. FEI Number<br><b>59-1447471</b> |    | Applied For<br>Not Applicable  |  |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc.                |    | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 22 City & State                |    | 27 City & State                    |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 23 Zip Country                 |    | 28 Zip Country                     |    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24                             | 25 | 29                                 | 30 |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>BRIEL, ERNEST M<br/>401 ROXY AVENUE<br/>MELBOURNE FL 32940</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
|  |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SIMPERS, M.R.</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3505 JAMES RD</b>                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>COCOA FL</b>                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DP</b> <input type="checkbox"/> DELETE | 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>T</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GIFFORD, SUSAN B.</b>                  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>910 DELTA WAY</b>                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MELBOURNE FL</b>                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SNIDER, MAX E.</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>547 DEERFIELD DRIVE</b>                | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MELBOURNE FL</b>                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE | 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> <input type="checkbox"/> DELETE | 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 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: *Sandra B. Mortham* April 24, 1998 (407) 254-7666

CR2E034 (10/97)