

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90298 021 ***635.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **421811**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1973

4. FEI Number
59-1447471

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
BRIEL, ERNEST M
401 ROXY AVENUE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
 81 Name **LAURENCE M. SHAW**
 82 Street Address (P.O. Box Number is Not Acceptable)
4390 STILLWATER DR
 83
 84 City **MERRITT ISLAND** FL 85 Zip Code **32952**

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, and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE: Laurence M. Shaw SRVICE PRESIDENT DATE: 4/26/99

12. OFFICERS/DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMPERS, M.R.	
STREET ADDRESS	3595 JAMES RD	
CITY-ST-ZIP	COCOA FL	
TITLE	DX	<input type="checkbox"/> DELETE
NAME	BRIEL, ERNEST M. JR.	
STREET ADDRESS	401 ROXY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GIFFORD, SUSAN B.	
STREET ADDRESS	910 DELTA WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNIDER, MAX E.	
STREET ADDRESS	547 DEERFIELD DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAW, LAWRENCE M.	
STREET ADDRESS	4390 STILLWATER DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THRON, RANDALL E	
STREET ADDRESS	457 BLUFF DRIVE	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D only
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Susan B. Gifford TREASURER DATE: 4/26/99 DAYTIME PHONE #: 407-254-266

CR2E034 (1/98)