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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

612493

(7)

1. Corporation Name

B & K INSTALLATIONS, INC.

Principal Place of Business

246 SW 4TH AVE
HOMESTEAD FL 33030

Mailing Address

246 SW 4TH AVE
HOMESTEAD FL 33030



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BERZOWSKI,WILLIAM E 30301 SW 198 AVE. HOMESTEAD FL 33030 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Codo 1. Fursuant to the provisions of Sections 607.0502 and 607.1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, I am familiar with, and or previous name of registered agent and tall a facilities. CINATURE 2. OFFICERS AND DIRECTORS 1. TITLE 2. OFFICERS AND DIRECTORS 1. TITLE BERZOWSKI,WILLIAM E 30301 SW 1981 AVE. 1.3 SIREET ADDRESS 4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IN THE CHANGE TO OFFICERS AND OFFICERS AND DIRECTORS TO OFFICERS AND OFFICERS TO OFFICERS AND OFFICERS TO OFFICERS AND OFFICERS TO OFFICERS TO OFFICERS AND OFFICERS TO OFFIC		9. Name and Address of Curren	nt Registered	Agent				10. Name and Address	of New Ro	gistered A	Agent		
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14. Ido 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 cath; 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 impaturess.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96305-245-6968