

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089650 (2)

1. Corporation Name
BUILDING ENGINEERING AND CONSULTING, INCORPORATE
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Principal Place of Business 1234 AIRPORT RD SUITE 100 DESTIN FL 33841 US	Mailing Address 1234 AIRPORT RD SUITE 100 DESTIN FL 33841 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 215 MOUNTAIN DR. Suite, Apt. #, etc. 22 Suite 111 City & State 23 Destin, FL Zip 32541 Country US		2a. Mailing Address 26 215 MOUNTAIN DR. Suite, Apt. #, etc. 27 Suite 111 City & State 28 DESTIN, FL Zip 32541 Country US		3. Date Incorporated or Qualified 11/22/1995	
4. FEI Number 59-3363571		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		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	

9. Name and Address of Current Registered Agent JAMES E. FELL JR. 15 COURTNEY LANE CRESTVIEW FL 32539				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELL, JAMES E	1.2 NAME	JAMES FELL, JAMES E
STREET ADDRESS	159 ELDREDGE RD APT #B	1.3 STREET ADDRESS	4000 US Hwy 98 Unit 233
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGEL, SEELYE C	2.2 NAME	
STREET ADDRESS	#14 APPLE JACK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLORS SC 29687	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELL, JAMES E JR	3.2 NAME	
STREET ADDRESS	#15 COURTNEY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELL, MICHAEL F	4.2 NAME	
STREET ADDRESS	955 AIRPORT RD #813	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ **4-6-98 650-2311**

CR2E034 (10/97)