

**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

DOCUMENT # **H24796 (5)**

1. Corporation Name  
**BUILDING AUTOMATION, INCORPORATED**



Principal Place of Business Mailing Address  
**5050 NE 12TH AVE FT. LAUDERDALE FL 33334** **5050 NE 12TH AVE FT. LAUDERDALE FL 33334**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>221 E. PROSPECT ROAD</b>	26	<b>SAME</b>	<b>10/10/1984</b>	<b>02/21/1995</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-2451437</b>	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>FT. LAUDERDALE, FL</b>	28	<b>''</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>33334</b>		<b>''</b>		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BURLESON, ERLIE</b> <del>5053 NE 12TH AVE</del> <b>FT. LAUDERDALE FL 33334</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				<b>221 E. PROSPECT RD.</b>			
				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PSC</b>	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURLESON, ERLIE</b>		1.2 NAME				
STREET ADDRESS	<b>5053 NE 12TH AVE.</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURLESON, GERALDINE</b>		2.2 NAME				
STREET ADDRESS	<b>5053 NE 12TH AVE</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, FRANK E</b>		3.2 NAME				
STREET ADDRESS	<b>4621 NE 3RD AVENUE</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>		3.4 CITY-ST-ZIP				
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VPD</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>GANNON, THOMAS D.</b>			
STREET ADDRESS			4.3 STREET ADDRESS	<b>221 E. PROSPECT ROAD</b>			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>OAKLAND PARK, FL 33334</b>			
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 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: Erlie Burleson PRESIDENT 1/17/96 954-442-0110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)