


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

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H24796 (5)**  
 1. Corporation Name  
**BUILDING AUTOMATION, INCORPORATED**



Principal Place of Business 221 E. PROSPECT RD. FT. LAUDERDALE FL 33334 US	Mailing Address 221 E. PROSPECT RD. FT. LAUDERDALE FL 33334 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1984</b>	
21	26	4. FEI Number <b>59-2451437</b>		Applied For <input type="checkbox"/> 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	
29		30			

9. Name and Address of Current Registered Agent <b>BURLESON, ERLIE 221 E. PROSPECT RD. FT. LAUDERDALE FL 33334</b>				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	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLESON, ERLIE	1.2 NAME	
STREET ADDRESS	<del>5053 NE 12TH AVE</del>	1.3 STREET ADDRESS	<b>524 SW 10TH AVENUE</b>
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	<b>33312</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLESON, GERALDINE	2.2 NAME	
STREET ADDRESS	<del>5053 NE 12TH AVE</del>	2.3 STREET ADDRESS	<b>524 SW 10TH AVENUE</b>
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	<b>33312</b>
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANNON, THOMAS D	3.2 NAME	
STREET ADDRESS	<del>221 E PROSPECT RD</del>	3.3 STREET ADDRESS	<b>963 WEST RIVER DRIVE</b>
CITY-ST-ZIP	<del>OAKLAND PARK FL</del>	3.4 CITY-ST-ZIP	<b>MARGATE, FL 33063</b>
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRMANN	4.2 NAME	<b>HERRMANN, DONALD</b>
STREET ADDRESS	<b>6902 DORAL</b>	4.3 STREET ADDRESS	<b>6902 DORAL</b>
CITY-ST-ZIP	<b>NORTH LAUDERDALE, FL 33068</b>	4.4 CITY-ST-ZIP	<b>N. LAUDERDALE, FL 33068</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 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: Erlie Burleson **ERLIE BURLESON** Date: **1-5-98** Daytime Phone #: **954-492-0110**

CR2E034 (10/97)