


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05204 (5) 1. Corporation Name BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.			
Principal Place of Business 9385 N. 56TH STREET SUITE 200 TEMPLE TERR FL 33617		Mailing Address 9385 N. 56TH STREET SUITE 200 TEMPLE TERR FL 33617-5594	
2. Principal Place of Business 21 400 N. Ashley Suite, Apt. #, etc. 22 Suite # 1950 City & State 23 Tampa, FL Zip 24 33602		2a. Mailing Address 25 400 N. Ashley Suite, Apt. #, etc. 27 Suite # 1950 City & State 28 Tampa, FL Zip 29 33602 Country 30 USA	
3. Date Incorporated or Qualified 09/18/1984		3a. Date of Last Report 06/11/1996	
4. FEI Number 59-2441518		Applied For 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"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEVIN, CHARLES J ESQUIRE 9385 N. 56TH ST. SUITE 200 TEMPLE TERR FL 33617		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400 N. Ashley 83 Suite # 1950 84 City Tampa 85 Zip Code FL 33602	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP	D ARGENTI, ROBERT J 1280 SW 36TH AVE., #104 POMPANO BEACH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice President/Director Geoffrey Landry 200 W. Forsyth Street, # 800 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWED, DEBORAH 16283 TAMiami TRAIL SUITE B FT. MYERS FL 33908 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director Mike Laney 317 S. North Lake Blvd, # 1000 Altamonte Springs, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLEY, DOUG 401 E. JACKSON ST., #2300 TAMPA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNANDEZ, ARTURO 80TH W 8TH ST., SUITE #2100 MIAMI FL 33130 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	President /Director Arturo Fernandez 80 S.W. 8th Street, #2100 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINK, DK 3081 E COMMERCIAL BLVD. FT. LAUDERDALE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary/Director D.K. Mink 3081 E. Commercial Blvd. Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOETSCHER, NANCY 135 W. CENTRAL BLVD., #330 ORLANDO FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 7-24-97 854 47-1-181