

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005480 (7)

1. Corporation Name

SOUTH FLORIDA BUILDING OFFICIALS COUNCIL, INC.

Principal Place of Business

Mailing Address

3550 BISCAYNE BLVD.
SUITE 202
MIAMI FL 331373550 BISCAYNE BLVD.
SUITE 202
MIAMI FL 33137-38333. Date Incorporated or Qualified
11/17/19953a. Date of Last Report
07/02/1996

2. Principal Place of Business

21 35 N. E. 40th St.

2a. Mailing Address

26 35 N. E. 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 305

27 305

City & State

City & State

23 Miami, Florida

28 Miami, Florida

24 33137

Country
25 U.S.A

29 33137

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSKER, STEPHEN E
3550 BISCAYNE BLVD.
SUITE 202
MIAMI FL 33137

81 Name Stephen E. Busker

82 Street Address (P.O. Box Number is Not Acceptable)
35 N. E. 40th Street Suite 305

83

84 City Miami FL 85 Zip Code 33137

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

Stephen E. Busker

STEPHEN E. BUSKER - Registered Agent

JAN 23, 1997

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	D	<input type="checkbox"/> DELETE
NAME	CHILDRESS, ALBERT P	
STREET ADDRESS	111 N.W. 1ST ST., #1010	
CITY-ST-ZIP	MIAMI FL 33130	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'CONNOR, MICHAEL F	
STREET ADDRESS	111 N.W. 1ST ST., #1010	
CITY-ST-ZIP	MIAMI FL 33130	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, JO KING	
STREET ADDRESS	275 N.W. 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33128	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAGA, FRANCISCO R	
STREET ADDRESS	140 WEST FLAGLER ST., #1603	
CITY-ST-ZIP	MIAMI FL 33130	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Stephen E. Busker

JAN 23, 1997 (305) 576-3211

Date

Daytime Phone # 0029235

CR2E037 (9/96)