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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PQ3000088761

Corporation Name BUILDING DESIGN SERVICE	S, INC.				
Principal Place of Business	Mailing Address			1 (85)(65) (10 10:54 (111) \$544 \$514 5541 5541	
2611 SHERMAN STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 12/21/1993	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	26			65-0455509	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
	of Current Registered Agent			10. Name and Address of New Register	ed Agent
ROESER, RICHARD		81	Name		
2611 SHERMAN STREET		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33020		83			
		84	City	F	85 Zip Code
office or registered agent or both in	s 607.0502 and 607.1508, Florida Statutes, th the State of Florida. Such change was author the obligations of, Section 607.0505, Florida 5	zed by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications are supported in the purpose in th	of changing its registered pointment as registered
SIGNATURE		and kee	National transfer	ed when reinstating) DATE	
Signature, typed or printed name of re	egistered agent and title if applicable. (NOTE: Regist	tereo Ager	ır sığırarına tedrili	ed when reinstating) DATE	AND DIDECTORS IN 40

		egistered Agent signature requi			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Ad	ddition {	
NAME	ROESER, RICHARD	1.2 NAME	•	-	
STREET ADDRESS	2611 SHERMAN STREET	1.3 STREET ADDRESS	•	(
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Ac	ddition	
NAME	ARGUWAL, SHANK	2.2 NAME		1	
STREET ADDRESS	PO BOX 1041 N/A	2.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33008	2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Ad	ddition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	•		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	ddition	
NAME		4. 2 NAME		ł	
STREET ADDRESS		4.3 STREET ADORESS	•	ĺ	
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
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NAME		5.2 NAME	•	ļ	
STREET ADDRESS		5.3 STREET ADDRESS		Ì	
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ A	ddition	
NAME		6 2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		ł	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AND OTTOWN File in the state of		

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, with all other like empowered.

SIGNATURE: