FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 [illegible]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002272 (0)**

1. Corporation Name

BUILDING SYSTEMS, OF SOUTH FLORIDA, INC.

Principal Place of Business
1098 NW BOCA RATON BLVD
SUITE 3
BOCA RATON FL 33432

Mailing Address
1098 NW BOCA RATON BLVD
SUITE 3
BOCA RATON FL 33432

3. Date Incorporated or Qualified: **01/10/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0464579** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WELBES, ROBERT L
1098 NW BOCA RATON BLVD
#3
BOCA RATON FL 33432

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: Signature, typed or printed name, title of person authorized to sign on behalf of Registered Agent (NOTE: Registered Agent signature required if a change is requested) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BONGIORNO, JOSEPH III	
STREET ADDRESS	1098 NW BOCA RATON BLVD #3	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VST	☐ DELETE
NAME	WELBES, ROBERT L	
STREET ADDRESS	1095 NW BOCA RATON BLVD #3	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	☒ DELETE
NAME	DEATRICK, ROBERT C	
STREET ADDRESS	3409 N.W. 9TH AVENUE, SUITE 1105	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☒ DELETE
NAME	CUSMANO, ROBERT S	
STREET ADDRESS	3409 N.W. 9TH AVENUE, SUITE 1105	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: Robert L. Welbes — May 1, 1996 — (407)347-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT L. WELBES

CR2E034 (12/95)