Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90025 013 ***150.00

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

PROFIT-CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

, corporation	MENT # P94000 BUILDING SYSTEMS, INC.	026341	·			
Principal Place	o of Business	Mailing Address			i Ha nd disen atisk d	
		1800 W HIBISCUS BLVD				
1800 W HIBISCUS BLVD . SUITE 128		SUITE 128				
MELBOURNE FL 32901		MELBOURNE FL 32901		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
			***	04/04/1994		
<u></u>	lace of Business	2a. Mailing Address		4. FEI Number		tied For
21	· <u></u>	26		59-3239386		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	dditional
22		City & State				
City & Stat	e	⊢ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
23 28		28	Country	This corporation owes the current year in		,,,,,,,,,
└	25	29 30	¬ '	Personal Property Tax.		∐No
24	9. Name and Address of Curren		<u>'</u>	10. Name and Address of New Registered		
	3. Name and Address of Carren	r registered Agent	81 Name			
JACI	KSON, JAMES H			(D. C. D. Land Black Association)		
1800 W HIBISCUS BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 128			83			
MELBOURNE FL 32901						
			84 City	FI	85 Zip C	ode
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by the corporation Statutes. gistered Agent signature require		anunent as reg	
12.	·	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE	P	☐ DELETE	1.1 TITLE		Change	☐ Addition [
NAME	JACKSON, JAMES		1.2 NAME			Ì
STREET ADDRESS	1800 W HIBISCUS BLVD	•	1.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	MELBOURNE FL .		1.4 CITY-ST-ZIP			Addition
TITLE	V	☐ DELETE	2.1 TITLE		Change	☐ Acutton
NAME	JACKSON, JOHN L		2.2 NAME			ŀ
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TTTLE			
NAME	`		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			•
CITY-ST-ZIP		D DELETE	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE 1		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C/TY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	1		(
NAME			5.3 STREET ADDRESS			
STREET ADDRESS						
CITY+ST-ZIP	ing		5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
TITLE	ļ , im		Oct III Laborate			

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 ottachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

TITLE

STREET ADDRESS