SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:20

DOCUMENT # **P94000066271 (5)**

1. Corporation Name
BUILDING SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
150 SW 12 AVE POMPANO BEACH FL 33069-3298	150 SW 12 AVE POMPANO BEACH FL 33069-3298

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 150 sw 12 Ave
Suite, Apt. #, etc.
22 330
City & State
23 Pompano Bch, Fl
Zip 24 33069 Country 25 Broward

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

4. FEI Number: 65-0519518 ☐ 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

GREENBAUM, STANLEY
150 SW 12 AVE
POMPANO BEACH FL 33069-3298

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	D	11 TITLE	President/Director	☑ Change ☑ Addition
NAME	GREENBAUM, STANLEY	12 NAME	Stanley Greenbaum	
STREET ADDRESS	150 SW 12 AVE	13 STREET ADDRESS	150 SW 12 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069-3298	14 CITY-ST-ZIP	Pompano Beach, Fl 33069-3298	
TITLE	D	21 TITLE	Secretary/Director	☐ Change ☑ Addition
NAME	GREENBAUM, MARJORIE	22 NAME		
STREET ADDRESS	150 SW 12 AVE	23 STREET ADDRESS	→	
CITY-ST-ZIP	POMPANO BEACH FL 33069-3298	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Vice President/Director	☐ Change ☑ Addition
NAME	HENRY, BILL	32 NAME	→	
STREET ADDRESS	150 SW 12 AVE	33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069-3298	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Treasurer	☐ Change ☑ Addition
NAME	HENRY, SUSAN	42 NAME	→	
STREET ADDRESS	150 SW 12 AVE	43 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069-3298	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

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

0029301 CP