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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000066271**

BUILDING SERVICES OF SOUTH FLORIDA, INC.

Principal Place	e of Business	Mailing Addre	ess							
150 SW 12 AVE	_	150 SW 12 AV	/E.							
SUITE 330		SUITE 330							_	
POMPANO BEACH FL 33069		POMPANO BEACH FL 33069				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorpora				1
						09/09/1994		·		
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Number			App	lied For
21		26			65-05 195 18	8		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							dditional	
22		27				5. Certificate of S	natus Desired		ee Rec	luired
City & State			City & State			6. Election Camp	aign Financing	\$	5.00 N	May Be
23		28	28			Trust Fund Co	* 11		dded to	
Zip	Country	Zip		Country		8 This corporation	on owes the current year	r Intangible	3	
	25	29	30	ู่ วิ		Personal Prop		ĽΎε		⊡rNo ¦
24	9. Name and Address of Curr			<u>'</u>			Idress of New Registe	red Agent		
	9. Name and Address of Curr	rent registored Ago		81	Name					
CDE	ENRALIM STANLEY									
GREENBAUM, STANLEY 150 SW 12 AVE			<b>82</b> S			Address (P.O. Box Number	er is Not Acceptable)			
POM	PANO BEACH FL 33069-3298	•		83						
				84	City			85	Zip C	ode
ļ				04	City			FL   🎬	_,p	-
11 Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statutes,	the above	e-named	corporation submits this s	tatement for the purpos	e of chang	ing its r	registered
office or re	egistered agent or both in the Stat	ite of Florida. Such ci	hande was auth	iorized by	the corbo	oration's board of directors	s. I hereby accept the a	ppointmen	t as reg	ustered
agent. I ar	m familiar with, and accept the obli	igations of, Section 6	07.0303, FIORIG	a Statutes	•					ĺ
SIGNATURE										١
SIGNATURE .	Classic and as arieted as as a segistared a	acont and title if applicable	(NOTE: Re	nistered Aner	n enueture n	required when reinstating)	DAT	E		
	Signature, typed or printed name of registered a		(NOTE: Re		nt signature n	equired when reinstating)  ADDITIONS/CH			ECTO	RS IN 12
12.	OFFICERS /	AND DIRECTORS		13.	nt signature n		HANGES TO OFFICER	S AND DIF	ECTOR	RS IN 12
12.	PD OFFICERS A	AND DIRECTORS	(NOTE: Re	13. 1.1 TITLE	nt signature n			S AND DIF		
12. TITLE NAME	OFFICERS / PD GREENBAUM, STANLEY	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	-			S AND DIF		
12.	PD GREENBAUM, STANLEY 150 SW 12 AVE.	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS			S AND DIF		
12. TITLE NAME	OFFICERS / PD GREENBAUM, STANLEY	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS			S AND DIF	hange	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBAUM, STANLEY 150 SW 12 AVE. POMPANO BEACH FL SD	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS			S AND DIF	hange	Addition
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this fillig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information onual eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the twith an address, with all other like empowered. 14. I hereby certify that the information supplied with this fill indicated on this annual leport or suppliements annual officer or director of the dorporation or the received at the Block 12 or Block 13 if changed, or an an attachment with the contraction of the contraction.

SIGNATURE:

DE TROUBED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR