


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P-95000024100</b> 1. Corporation Name <b>Building Products Intl Inc</b>					
Principal Place of Business			Mailing Address		
<b>624 CAMBRIDGE WAY #101</b> <b>ALTAMONTE SPRINGS, FLA.</b> <b>32714</b>					
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified
21 <b>624 CAMBRIDGE WAY</b> Suite, Apt #, etc <b>#101</b>			26 <b>624 CAMBRIDGE WAY</b> Suite, Apt #, etc <b>#101</b>		<b>3/24/95</b>
22 <b>ALTAMONTE SPRINGS, FLA.</b> City & State			27 <b>ALTAMONTE SPRINGS, FLA.</b> City & State		3a. Date of Last Report
23 <b>32714</b> Zip			29 <b>USA</b> Country		4. FEI Number <b>59-33041-84</b>
24 <b>32714</b> Zip			25 <b>USA</b> Country		Applied For <input type="checkbox"/> Not Applicable
26 <b>USA</b> Country			27 <b>USA</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
28 <b>USA</b> Country			29 <b>USA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
29 <b>USA</b> Country			30 <b>USA</b> Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<ul style="list-style-type: none"> <li><b>RONALD J. WALKER</b> <b>1912 B Lee Road</b> <b>ORLANDO, FLA. 32810</b></li> </ul>			81 Name <b>RONALD J. WALKER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>624 CAMBRIDGE WAY #101</b> 83 <b>ALTAMONTE SPRINGS FL</b> 84 <b>32714</b> 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 <i>Ronald J. Walker</i> <b>RONALD J. WALKER</b> <b>6/7/96</b> <small>Signature typed or printed below name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>Pres.</b> NAME <b>RONALD J. WALKER</b> STREET ADDRESS <b>624 CAMBRIDGE WAY #101</b> CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FLA 32714</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500001873685</b> <b>-06/24/96--01054--031</b> <b>***225.00</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.					
SIGNATURE: <i>Ronald J. Walker</i> <b>6/7/96 (409) 794-5185</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (3/96)

*624-06*