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

Mailing Address

2a. Mailing Address

Suite, Apl. #, etc.

26

27

624 CAMBRIDGE WAY #101

ALTAMONTE SPRINGS FL 32714-4540

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principa: Place of Business

624 CAMBRIDGE WAY #101

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite. Apt. #. etc.

SIGNATURE:

21

22

DOCUMENT # P9500024100 (6)

BUILDING PRODUCTS INT'L INC.

City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No
 Name and Address of New Registered Agent Zip Country 24 29 30 9. Name and Address of Current Registered Agent Name WALKER, RONALD J 624 CAMBRIDGE WAY #101 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83 84 City 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 of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition THILE 1 1 TITLE E034 1.2 NAME NAME WALKER, RONALD J 624 CAMBRIDGE WAY #101 1.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 1.4 CITY-ST-ZIP CITY-ST-ZIE Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DiTY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - \$1 - 2IP 14. I do hereby cert ly that the information supplied with this filling 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

FILED
Jan 30 1997 8:00am
Secretary of State



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3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

06/24/1996

3. Date Incorporated or Qualified

03/24/1995

59-3304184

5. Certificate of Status Desired

4. FEI Number