

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

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000030795 (5)

1. Corporation Name  
**ADVANCED BUILDING DYNAMICS CORP.**



Principal Place of Business  
**2220 NW 94 AVE.  
PEMBROKE PINES FL 33024**

Mailing Address  
**2220 NW 94 AVE.  
PEMBROKE PINES FL 33024-3144**

3. Date Incorporated or Qualified  
**04/17/1995**

3a. Date of Last Report  
**03/04/1996**

4. FEI Number  
**65-0610555**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

9. Name and Address of Current Registered Agent

**INGENITO, JOHN  
2220 NW 94 AVE.  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	INGENITO, JOHN	2220 NW 94 AVENUE	PEMBROKE PINES FL	<input type="checkbox"/>
TS	INGENITO, MAUREEN	2220 NW 94 AVENUE	PEMBROKE PINES FL	<input type="checkbox"/>
D	INGENITO, DORREN	2220 NW 94 AVENUE	PEMBROKE PINES FL	<input type="checkbox"/>
D	REAGAN, ELIZABETH	11169 NW 39 STREET #202	SUNRISE FL	<input type="checkbox"/>
D	INGENITO, III JOHN	13806 HUNTWICK DRIVE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1				<input type="checkbox"/>
1.2				<input type="checkbox"/>
1.3				<input type="checkbox"/>
1.4				<input type="checkbox"/>
2.1				<input type="checkbox"/>
2.2				<input type="checkbox"/>
2.3				<input type="checkbox"/>
2.4				<input type="checkbox"/>
3.1				<input type="checkbox"/>
3.2				<input type="checkbox"/>
3.3				<input type="checkbox"/>
3.4				<input type="checkbox"/>
4.1				<input type="checkbox"/>
4.2				<input type="checkbox"/>
4.3				<input type="checkbox"/>
4.4				<input type="checkbox"/>
5.1				<input type="checkbox"/>
5.2				<input type="checkbox"/>
5.3				<input type="checkbox"/>
5.4				<input type="checkbox"/>
6.1				<input type="checkbox"/>
6.2				<input type="checkbox"/>
6.3				<input type="checkbox"/>
6.4				<input type="checkbox"/>

14. I do 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, changed, upon an attachment with address.

SIGNATURE: **JOHN INGENITO** 2-11-97 954 4312953  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)