

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000053981 (3)

1. Corporation Name

BUILDING CONCEPTS, INC.

FILED  
Feb 18 1997 8:00am  
Secretary of State



Principal Place of Business

14640 CRAZY HORSE LANE  
PALM BEACH GARDENS FL 33418

Mailing Address

14640 CRAZY HORSE LANE  
PALM BEACH GARDENS FL 33418-7971

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

29 Country

24 Zip

30 Country

9. Name and Address of Current Registered Agent

KEOUGH, JOHN S  
14640 CRAZY HORSE LANE  
PALM BEACH GARDENS FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 title, if applicable.

John S. Keough

2/10/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (9/96)

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOUGH, JOHN S		1.2 NAME	
STREET ADDRESS	14640 CRAZY HORSE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOUGH, MARY A		2.2 NAME	
STREET ADDRESS	14640 CRAZY HORSE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		2.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOUGH, JOSEPH B		3.2 NAME	
STREET ADDRESS	14640 CRAZY HORSE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOUGH, KATHERINE G		4.2 NAME	
STREET ADDRESS	14640 CRAZY HORSE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 if changed, even if attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

John S. Keough 2/10/97 561/627-1932

Daytime Phone #