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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000086338 (7)

14. I do hereby certify that the information supplied with this fling do information indicated on this annual report or supplemental annual I am an officer or director of the corporation or the receiver or true appears in Brock 12 or Block 13 if changed, or on an attachment.

SIGNATURE:

THE BUILDING DEPARTMENT, INC.

5400 N. OCEAN BLVD. STE. 48 FT. LAUDERDALE FL 33308			P.O. BOX 15991 PLANTATION FL 3331B-5991				ı						
							3.	3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1996					eport
	lace of Business	├ <u>-</u> 1	2a. Mailing Address			4.	FEI Number				Ap	plied For	
21		26						65-0620100			ايسم		t Applicable
Suite, Apt.		27				5.	Certificate of Stat	us Desired		\$8.75 Additional Fee Required			
City & Stat-	0	City <b>28</b>	& State				6.	Election Campaig Trust Fund Contri		° .			May Be o Fees
Zip <b>24</b>	Country 25	/ Zip		30 Cou	ntry		8.	This corporation I Florida Statutes	nas liability	for intangit			199.032,
	9. Name and Addre	ss of Current Registered	d Agent				10.	Name and Addre	ess of Nev	Registere	d Agent	t	
ELZ	WEIG, GARY H				81	Name							
5400 N. OCEAN BLVD. STE. 48 FT. LAUDERDALE FL 33308						Street A	Address (P.O. Box Number is Not Acceptable)						
					83		***************************************	· .			···· · ···		
		$\bigcap$			B4	City				F	L 85		
11. Pursuant office or ragent. La	to the provisions of Secti registered agent, or both im familiar with, and acco	ions 6 17.0502 and 607.15 , in the State of Fiorida. Sept he obligations of, Se	508, Florida Statu luch change was cuyn 607.0595, F	utes, the at authorized lorida Stat	bove by utes	-named of the corp	corporatio oration's t	on submits this state board of directors.	ement for t I hereby a	he purpose coupt the a	of chan ppointm	ging its ent as	s registered registered
SIGNATURE	Signature, typed or product nan e	of registered agent and title it app	reable. (NC	S Zua			equired wher	r reinstating)	1	/ <b>]</b> /9:	7		
12.		FFICERS AND DIRECTOR		13,				ADDITIONS/CHAN	GES TO O	FFICERS A			
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NAME	ELZWEIG, GARY H			12 NA	ME	. [							
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NAME.				6 2 NA	ME	- 1							
STREET ADDRESS				6.3 ST	HEET.	ADDRESS							

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name