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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086338 (7)

THE BUILDING DEPARTMENT, INC.								
]			
Principal Place of Business Mailing Address								
4350 W. SUNRISE BLVD. P.O. BOX 15991					1			
SUITE 103 PLANTATION FL 33318-59 PLANTATION FL 33313			8-5991		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
FERNIAMON	FE 20013				3. Date Incorporated or Qualified			
					11/07/1995			
2. Principal F	Place of Business	2a. Mailing Address	<u> </u>		4. FEI Number		Applied For	
21		26	26		65-0620100		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22					5. Certificate of Status Desired	Fee f	Required	
City & Stal	le	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Co	ountry	8. This corporation owes or has paid the	current year li	ntangible	
24	25	29	30		Personal Property Tax due June 30.		☐ No	
9, Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent			
ELZWEIG, GARY H 81 Name								
5400 N. OCEAN BLVD. STE. 48				82 Street A	Address (P.O. Box Number is Not Acceptable)			
FT. LAUBERDALE FL 33308					60 SW 2= St.			
1				83				
				84 City (<u></u>	. 85 Zip	Code	
)				1 1 1	//o~toが///	L 17つ	320	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the	above-named	corporation submits this statement for the purpose	of changing	its registered	
agent. 1 a	im familiar with, and accept the ob-	ligations of, Section 607.0505,	Florida Sta	ed by the corp atutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	abbourtment a	a redistered	
SIGNATURE			1		.,			
Signature, typed or printed name of registered agent and title if applicable. (NOYE:					required when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DPS	DELETE	1.1	TITLE		✓ Change	Addition 3	
NAME	ELZWEIG, GARY H.		1.21	AWE	1000		(3	
STREET ADDRESS	5400 N. OCEAN BLVD. STE	i. 48	1.3 9	STREET ADDRESS	12260 SW 2= 5+		200100	
CITY-ST-ZIP	FT. LAUDERDALE FL		1,4 (CITY-ST-ZIP	Plantature, PL 33	325		
TITLE		DELETE	2,17	TITLE		Change	Addition C	
NAME			2.21	NAME .				
STREET ADDRESS			2,3 9	STREET ADDRESS	₹ ~		1	
CITY-ST-ZIP			2.4	CITY-ST-ZIP				
TITLE		DELETE	3,1 1	TITLE		☐ Change	☐ Addition	
NAME			3.21	NAME				
STREET ADDRESS			3.3 \$	STREET ADDRESS			1	
CITY-ST-ZIP			3.4.1	CITY-ST-ZIP				
TITLE		☐ DELETE	4.17	TITLE		Change	Addition	

14. I hereby certify that the information supplied with the 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 of 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, or on an attachmight with an address.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 GITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST~ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1. Elzweig

5 | | 8 | 98 | 954 | 58 | - 3ce

☐ Change

Change

___ Addition

Addition

FILED

Jan 21 1998 8:00am

Secretary of State