## 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 #

**FILED** Feb 27 1998 8:00am Secretary of State

P97000037911 (9) BUILDING INFORMATION SYSTEMS, INC. Principal Place of Business Mailing Address 12268 S.W. 50TH STREET 12268 S.W. 50TH STREET COOPER CITY FL 33330 COOPER CITY FL 33330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible No NA Yes 25 29 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 81 Name 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 City 84 Zip Code FL 11. Pursuant to the provisions of Soctions 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 proporting objection 607.0505. Florida Statutes. 12. OFFICERS AND DIRECTORS CR2E034 (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE Change Addition TITLE 1.1 TOTALE HIPPARD, RALPH M NAME 1.2 NAME 12268 S.W. 50TH STREET STREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL 33330** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITI F 21 TITLE HIPPARD, LINDA M 2.2 NAME 12268 S.W. 50TH STREET STREET ADDRESS 2.3 STREET ADDRESS **COOPER CITY FL 33330** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP TITLE ... DELETE 6.1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

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