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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037911

1. Corporation Name

BUILDING INFORMATION SYSTEMS, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90183 027 ***150.00



									 	8 1814) 1 8619 18 11	
Principal Place	e of Business	Maitin	ng 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				
						<u> </u>	Data Inc.			SPACE	
						3.		porated or Qualifo	su .		Į
							04/29/1				K
2. Principal Pl	ace of Business	2a. M	lailing Address			4.	, FEI Numbe	= :			pplied For
21		26					<u>65-0749</u>	<u>U12</u>			ot Applicable
Suite, Apt.	#, etc.	SI	Suite, Apt. #, etc.				. Certifcate of	of Status Desired		•	Additional
										······	equired
City & State	e	С	ity & State			6.		ampaign Financir	^{ig} \square		May Be
23		28					Trust Fund	Contribution		* Added	to Fees
Zip	Country	Zi	·	Country	<i>(</i>	8.	, This corpor	ration owes the c	urrent year In		
24	25	25 29 30				Personal Property Tax. Yes No					
	9. Name and Address of Curre	nt Register	ed Agent		,	10.	. Name and	Address of Nev	w Registered	Agent	
				81	Name	RAI	PH H	HIPPAT	00		
AMERILAWYER CHARTERED				82	Street A	Address (ss (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE			[⁶²]			226	8 50	V FOR	TRAN		
COR	VAL GABLES FL 33134			83							
				ļ	ļ <u></u>		···]or! 3"	Codo
				84	100	OPA	Ru	04	FL	- 77	Code 730
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.	.1508, Florida Statutes, t	he abov	o named	corporatio	n cubmite th	ic statement for t	he purpose of	f changing it	s registered
office or re	to the provisions of Sections 607.03 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	Such change was author	rized by	the corpo	oration's b	oard of direc	ctors. I hereby ac	cept the appo	intment as re	egistered
agent. i ar	m familiar with, and accept the dolig								1-794	2-9X	
SIGNATURE	Signature, typed or printed name of registered ag	NV POLITICAL TO A CO	NOX: Reg	Stered Age	nt signature re	equired when	reinstating)	_	DATE		
12.	OFFICERS A		· // // -	13/				CHANGES TO	OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PSD		☐ DELETE	1.1 TITLE						☐ Change	
NAME	HIPPARD, RALPH M			1.2 NAME							
i					TADDRESS						
STREET ADDRESS	12268 S.W. 50TH STREET				i						ļ
CITY-ST-ZIP	COOPER CITY FL 33330		☐ DELETE	14 CITY-S 21 TITLE	11-ZIP	v 0.	TRAN	Sald Had		Change	∑ Addition
TITLE			O DELETE		-	* 11	11VIJ 65	SURVINE. HUPPAN	11		-
NAME				2.2 NAME		L. 1 /V	"K M	· A NA LAGO	11)
STRÉET ADDRESS					TADDRESS		ATIR.				
CITY-ST-ZIP			-	2. 4 CITY-	ST-ZIP			_		Charre	□ Addition
TITLE			☐ DELETE	3.1 TITLE						☐ Change	☐ Addition
NAME				3.2 NAME	Į	l					Į
STREET ADDRESS				3.3 STREE	TADDRESS		-			•	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	TADDRESS						
				4.4 CITY-S	i					•	
TITLE			☐ DELETE	5.1 TITLE	-					☐ Change	☐ Addition
i				5.2 NAME						_	j
NAME					T ADDRESS						
STREET ADDRESS				5.4 CITY-5	I						
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	21.7EM	 		_		☐ Change	Addition
TITLE			□ DELETE	6.2 NAME							
NAME						[
CTREET ADDRESS	I			6.3 STREE	T ADDRESS I	I					

14. I 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, or on an attachmost with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP