

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90100 050 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P97000108580**

1. Corporation Name  
**BUILDING ENGINEERING SERVICES, INC.**



Principal Place of Business 1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805	Mailing Address 1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 5820 Edgewater Drive	26 5820 Edgewater Drive	59-3519971	01/01/1998		Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Orlando, Florida	28 Orlando, FL USA			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32810	25 Orange	29 32810	30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

**COATS, ROSETTA C**  
 1411 S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name	Brenda Jewell
82 Street Address (P.O. Box Number is Not Acceptable)	8525 Fort Thomas Way (Home Address)
83 (Bus) 5820 Edgewater Drive	32810
84 City	Orlando FL
85 Zip Code	32822

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: Brenda J. Jewell DATE: 6/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, OWEN S	
STREET ADDRESS	2034 COVE TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAUBLE, JAMES H	
STREET ADDRESS	641 COACH HOUSE BLVD, #4	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce Schneider	
1.3 STREET ADDRESS	2822 Amherst Ave	
1.4 CITY-ST-ZIP	Orlando, FL 32804	
2.1 TITLE	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Frame	
2.3 STREET ADDRESS	1001 N. Clayton St.	
2.4 CITY-ST-ZIP	Mt. Dora, FL 32757	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brenda Jewell	
3.3 STREET ADDRESS	8525 Fort Thomas Way	
3.4 CITY-ST-ZIP	Orlando FL 32822	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		
4.3 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-99 (407) 578-1999  
Date Daytime Phone #

CR2E034 (11/98)