## 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 # P98000066091

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip 24

BUILDING SYSTEMS INTERNATIONAL OF ORLANDO, INC.

Mailing Address
3312 MONTEEN DRIVE ORLANDO FL 32806

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

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

03-02-1999 90082 002 \*\*\*150.00



Country			. ,	6. This corporation owes the content year manging
25	29	[30]		Personal Property Tax.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
JOHNSON, BRIAN			81	Name
3312 MONTEEN DRIVE ORLANDO FL 32806			82	Street Address (P.O. Box Number is Not Acceptable)
			83	33
			-	
			84	34 City 85 Zip Code
			- 1	

Country

3312	MUNIEEN URIVE									
ORL	ANDO FL 32806	83								
		84	Ci	itv				85	Zip Co	ode
				•			FL			
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th egistered agent, or both, in the State of Florida. Such change was author m familiar with, and accept the obligations of, Section 607.0505 forida S	e above ized by Statutes.	-na the	med corporatio corporation's b	on submits this loard of directo	statement for to ors. I hereby acc	he purpose of c cept the appoin	hangir tment	ng its re as regi	egistered stered
SIGNATURE)	I mind these			Fred.	1		X/	119	/9	2
	Signature, typed a printed name of registered agent and title if applicable. (NOTE: Regist		t sign	sature required when		NIANOEO TO 6	DATE AND	Sinc	CTOD	C IN 12
12.	Carrie	13.			ADDITIONS/C	CHANGES TO	JEFICERS AN			Addition
TITLE	President DELETE 1	.1 TITLE							al ige	
NAME	Brian 5 July 130	.2 NAME								
STREET ADDRESS	3312 Noneen 1110	.3 STREET	ADD	RESS						
CITY-ST-ZIP		.4 CITY-81	T-ZIP							
TITLE	☐ DELETE 2	1 TITLE						Cha	ange	☐ Addition
NAME	2	.2 NAME			-		-			-
STREET ADDRESS	] :	3 STREET	ADD	RESS						, ]
CITY-ST-ZIP	2	. 4 CITY-S	T-ZIF	>			<u> </u>			
TITLE	☐ DELETE 3	L1 TITLE						Cha	ange	☐ Addition
NAME	3	.2 NAME								
STREET ADDRESS	3	.3 STREET	ADD	RESS						
CITY-ST-ZIP	3	.4. CITY-S	T-ZIF							
TITLE	☐ DELETE 4	.1 TITLE						Cha	ange	☐ Addition
NAME		. 2 NAME								
STREET ADDRESS	1	I.3 STREET	(ADD	RESS						
CITY-ST-ZIP		I.4 CITY-ST	T-ZIP	<u> </u>						
TITLE	☐ DELETE :	.1 TITLE						Chi	ange	☐ Addition
NAME	<b> </b>	.2 NAME								ļ
STREET ADDRESS		3 STREET	r ADO	RESS						
CITY-ST-ZIP		5.4 CITY-S1	T-ZIP	<u>'  </u>		· <del></del>			_	
TITLE	☐ DELETE	3.1 TITLE						☐ Ch	ange	☐ Addition
NAME		3.2 NAME								ļ
STREET ADDRESS		3.3 STREET	T ADE	ORESS						
CITY-ST-ZIP		3.4 CITY-S	T-ZIP				. 16 4			

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 ampowered 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 affactment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OF LIGHT AND

X //14/99 401.423-0600

CRZE034 (11/98)