

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

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S13331 (1)**  
 1. Corporation Name  
**BUILDING TECHNOLOGY CONSULTANTS, INCORPORATED**



Principal Place of Business <b>1234 AIRPORT RD                  SUITE 103                  DESTIN FL 32541                  US</b>	Mailing Address <b>1234 AIRPORT RD                  SUITE 103                  DESTIN FL 32541-2924                  US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>11/14/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3038673</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FELL JR., JAMES E.  
 #4 COURTNEY LANE  
 CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81 Name <b>FELL JR., JAMES E.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15 COURTNEY LANE</b>
83
84 City <b>CRESTVIEW</b>
85 Zip Code <b>FL 32539</b>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *James E. Fell Jr.* **James E. Fell, Jr.** **4/8/97**  
Signature typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FELL, JAMES E</b>
STREET ADDRESS	<b>#4 COURTNEY LANE</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FELL, MICHAEL F</b>
STREET ADDRESS	<b>1834 NW 1ST AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FELL, JAMES E JR</b>
STREET ADDRESS	<b>#4 COURTNEY LANE</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FELL, MICHAEL F.</b>
2.3 STREET ADDRESS	<b>955 AIRPORT RD # 813</b>
2.4 CITY-ST-ZIP	<b>DESTIN, FL. 32541</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FELL, JAMES E JR.</b>
3.3 STREET ADDRESS	<b>15 COURTNEY LANE</b>
3.4 CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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 do 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 attachment with an address.

SIGNATURE *James E. Fell Jr.* **James E. Fell** **4/8/97** **9041542311**

CPRE034 (9/96)