FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S96637** **(1)**

1. Corporation Name
BUILDING MANAGEMENT SERVICES, INC.

Principal Place of Business
~~2902 NE 2ND AVENUE~~
~~MIAMI FL 33137~~
US

Mailing Address
~~2902 NE 2ND AVENUE~~
~~MIAMI FL 33137~~
US

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 06/16/1995

2. Principal Place of Business
21 950 N. Federal Highway
Suite Apt. #, etc.
22 Suite 219
City & State
23 Pompano Beach, FL
Zip 24 33062 Country 25 USA

2a. Mailing Address
26 950 N. Federal Highway
Suite Apt. #, etc.
27 Suite 219
City & State
28 Pompano Beach, FL
Zip 29 33062 Country 30 USA

4. FEI Number: 65-0303934 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. XXX Yes [ ] No

9. Name and Address of Current Registered Agent
~~COHEN, LEE~~
~~2902 NE 2ND AVE~~
~~MIAMI FL 33137~~

10. Name and Address of New Registered Agent
81 Name: Fredric B. Layne
82 Street Address (P.O. Box Number is Not Acceptable): 950 N. Federal Highway
83 Suite 219
84 City: Pompano Beach FL 85 Zip Code: 33062

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: Fredric B. Layne — 5/24/96
Signature (type or print name of individual signer) — (If a corporate registered agent, print name of corporate officer) — Date

12. OFFICERS AND DIRECTORS

TITLE	PTSD	[ ] DELETE
NAME	LAYNE, FREDRIC	
STREET ADDRESS	~~2902 NE 2ND AVE~~	
CITY-ST-ZIP	~~MIAMI FL 33137~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	XX Change [ ] Addition
1.2 NAME	Layne, Fredric	
1.3 STREET ADDRESS	950 N. Federal Highway, Ste 219	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Fredric B. Layne — 5/24/96 — (305) 787-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)