

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

Mailing Address

~~3302 NE 2ND AVENUE~~
~~MIAMI, FL 33137~~
~~US~~

~~3302 NE 2ND AVENUE~~
~~MIAMI, FL 33137~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **950 N. Federal Highway**

26 **950 N. Federal Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 219**

27 **Suite 219**

City & State

City & State

23 **Pompano Beach, FL**

28 **Pompano Beach, FL**

Zip

Zip

Country

Country

24 **33062**

25 **USA**

29 **33062**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/25/1991

3a. Date of Last Report

06/16/1995

4. FEI Number

65-0303934

Applied For
Not Applicable

5. Certificate of Status Desired



\$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 ☒ Yes ☐ No

10. Name and Address of New Registered Agent

~~COHEN, LEE~~
~~3302 NE 2ND AVE~~
~~MIAMI, FL 33137~~
~~US~~

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 based on printed name of the person who signed the form.

Printed Name based on signature of the person who signed the form.

12. OFFICERS AND DIRECTORS

TITLE

PTSD

☐ DELETE

NAME

LAYNE, FREDRIC

STREET ADDRESS

~~3302 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

☒ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96 (30177-9420)

Date: _____

CR2E034 (12/95)