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Apr 30 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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: **950 N FEDERAL HWY SUITE 219 POMPANO BEACH FL 33062 US**
 Mailing Address: **950 N. FEDERAL HWY SUITE 219 POMPANO BEACH FL 33062-4328 US**

3. Date Incorporated or Qualified: **11/25/1991**
 3a. Date of Last Report: **05/29/1996**
 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**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent
FREDRIC B. LAYNE
950 N. FEDERAL HIGHWAY
SUITE 219
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: **PTSD** DELETE
 NAME: **LAYNE, FREDRIC**
 STREET ADDRESS: **950 N FEDERAL HIGHWAY, SUITE 219**
 CITY-ST-ZIP: **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 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 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: *Fredric B. Layne*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 1997 (95) 787-9440
 Daytime Phone #

CR2E034 (9/96)