

**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 # **P94000050104 (6)**

1. Corporation Name  
**F1 BUILDING SERVICES INC.**



Principal Place of Business: **6719 S.W. 147TH PL. MIAMI FL 33183**  
Mailing Address: **P.O. BOX 20773 TAMPA FL 33622-0773 US**

3. Date incorporated or Qualified: **07/01/1994** 3a. Date of Last Report: **05/23/1995**  
4. FEI Number: **59-3275153** 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

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

**9. Name and Address of Current Registered Agent**

**KLAY, JAMES B  
6014 AMBASSADOR DRIVE  
TAMPA FL 33615**

**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  
**FL**

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: *[Signature]* **JAMES B. KLAY** DATE: **15 JAN 96**  
Signature, typed or printed name of registered agent and title if any (state). (NOTE: Registered Agent's signature required when retaking.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, GABRIEL</b>	1.2 NAME	
STREET ADDRESS	<b>5070 ASHLEY LAKE DRIVE #8-32</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLAY, MARGARET A</b>	2.2 NAME	
STREET ADDRESS	<b>6014 AMBASSADOR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>GM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLAY, JAMES B</b>	3.2 NAME	
STREET ADDRESS	<b>6014 AMBASSADOR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(a), 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: *[Signature]* **JAMES B. KLAY** DATE: **15 JAN 96** **813-882-8063**  
Signature, typed or printed name of signing officer or director. District Phone (FAX)

CR2E034 (12/95)