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Feb 03 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 # F82625

(7)

1. Corporation Name
LEO L. BENTZ, P.A.



Principal Place of Business

2800 N MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431
US

Mailing Address

2800 N MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431-6230
US

2. Principal Place of Business

21 980 N. FEDERAL HWY

Suite, Apt. #, etc.

22 205

City & State

23 BOCA RATON FL

Zip 33432

24 33432

Country

25 PALM BEACH

2a. Mailing Address

26 980 N. FEDERAL HWY

Suite, Apt. #, etc.

27 205

City & State

28 BOCA RATON FL

Zip 33432

29 33432

Country

30

3. Date Incorporated or Qualified

05/17/1982

3a. Date of Last Report

02/01/1996

4. FEI Number

59-2191658

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

9. Name and Address of Current Registered Agent

BENTZ, LEO L
2800 N MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431

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

BOCA RATON FL 33432

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

Leo L. Bentz

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BENTZ, LEO L.
STREET ADDRESS 2800 N MILITARY TRAIL
CITY-ST-ZIP BOCA RATON FL 980 N. FEDERAL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Leo L. Bentz

LEO L. BENTZ 1/28/97 338-8700

Date

Daytime Phone #

CR2E034 (9/96)