

**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 # **G11990 (0)**

1. Corporation Name  
**LEE BENTON SAYLER, P.A.**



Principal Place of Business: **1001 U.S. HIGHWAY ONE, SUITE 702 JUPITER FL 33477**  
Mailing Address: **1001 U.S. HIGHWAY ONE, SUITE 702 JUPITER FL 33477**

3. Date Incorporated or Qualified: **12/06/1982**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **59-2237392**  
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. Sub., Apt. #, etc. 22. City & State 23. Zip 24. Country  
2a. Mailing Address: 26. Sub., Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country

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

**SAYLER, LEE BENTON  
1001 U.S. HIGHWAY ONE, SUITE 702  
JUPITER FL 33477**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Said 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, Article 607.0506, Florida Statutes.

SIGNATURE

*[Signature]*

**1/22/96**  
DATE

**12. OFFICERS AND DIRECTORS**

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	SAYLER, LEE B.	
3. STREET ADDRESS	1001 US HIGHWAY ONE #702	
4. CITY, ST, ZIP	JUPITER FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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)(c), 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, trustee, or person 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 amendment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/96**  
407-746-7304  
DATE PHONE

CR2E034 (12/95)