

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 07 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 # P93000062435 (1)

1. Corporation Name
BINFORT CORPORATION



Principal Place of Business
**11833 BRANCH MOORING DR
TAMPA FL 33635**

Mailing Address
**11833 BRANCH MOORING DR
TAMPA FL 33635-6247**

3. Date Incorporated or Qualified **09/08/1993** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3199979		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ASHTON, THOMAS E II 11833 BRANCH MOORING DR TAMPA FL 33635				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ASHTON, THOMAS E II	1.2 NAME					
STREET ADDRESS	11833 BRANCH MOORINGS DR	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		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	700002180707			
NAME		5.2 NAME		-05/16/97--01008--031			
STREET ADDRESS		5.3 STREET ADDRESS		***165.00			
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 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: *[Signature]* **4/7/97 813-854-2682**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)