

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S19736 (5)**

1. Corporation Name
BENDER & ASSOCIATES ARCHITECTS, P.A.



Principal Place of Business: **720 CAROLINE STREET KEY WEST FL 33040**
Mailing Address: **720 CAROLINE STREET KEY WEST FL 33040**

3. Date Incorporated or Qualified: **12/19/1990**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **65-0233075**
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

21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**BENDER, BERT L.
720 CAROLINE STREET
KEY WEST FL 33040**

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 607.1503, 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: _____ DATE: _____
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST BENDER, BERT L. 720 CAROLINE ST. KEY WEST FL	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Bert L. Bender
STREET ADDRESS		1.3 STREET ADDRESS	720 Caroline Street
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Key West, FL 33040
TITLE		2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Nancy G. Bender
STREET ADDRESS		2.3 STREET ADDRESS	619 Elizabeth Street
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Key West, FL 33040
TITLE		3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	John H. Daniels
STREET ADDRESS		3.3 STREET ADDRESS	386 Blackbeard Road
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Little Torch Key, FL 33042
TITLE		4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	E. Nelson Read
STREET ADDRESS		4.3 STREET ADDRESS	1509 Patricia Street
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Key West, FL 33040
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *E. Nelson Read* **E. Nelson Read, Treasurer** 1/29/96 294-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)