

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S19736 (5)**  
 1. Corporation Name  
**BENDER & ASSOCIATES ARCHITECTS, P.A.**



Principal Place of Business <b>720 CAROLINE STREET KEY WEST FL 33040</b>	Mailing Address <b>720 CAROLINE STREET KEY WEST FL 33040</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1503 GOVERNMENT ROAD</b>		2a. Mailing Address 26 <b>1503 GOVERNMENT ROAD</b>		3. Date Incorporated or Qualified <b>12/19/1990</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0233075</b>	
City & State 23 <b>KEY WEST, FL</b>		City & State 28 <b>KEY WEST, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33040</b>		Zip 29 <b>33040</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BENDER, BERT L. 720 CAROLINE STREET KEY WEST FL 33040</b>				10. Name and Address of New Registered Agent			
				81 Name <b>BERT L. BENDER</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1503 GOVERNMENT ROAD</b>			
				83			
				84 City <b>KEY WEST</b> FL 85 Zip Code <b>33040</b>			

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 BERT BENDER **3.16.98**  
(NOTE: Registered Agent signature required when reinstating) DATE

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>BENDER, BERT L</b>		1.2 NAME	
STREET ADDRESS <b>720 CAROLINE STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY WEST FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENDER, NANCY G</b>		2.2 NAME	
STREET ADDRESS <b>619 ELIZABETH STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY WEST FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DANIELS, JOHN H</b>		3.2 NAME	
STREET ADDRESS <b>386 BLACKBEARD ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LITTLE TORCH KEY FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>READ, E N</b>		4.2 NAME	
STREET ADDRESS <b>1509 PATRICIA STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY WEST FL</b>		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 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 reports 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 in an attachment to this address.

SIGNATURE: BERT BENDER **3.16.98 (305) 296-1347**

CR2E094 (10/97)