

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90179 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S19736

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



Principal Place of Business 1503 GOVERNMENT RD KEY WEST FL 33040 US	Mailing Address 1503 GOVERNMENT RD KEY WEST FL 33040 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 Angela Street Suite, Apt. #, etc. 22 City & State 23 Key West, FL Zip Country 24 33040 25 US	2a. Mailing Address 26 410 Angela Street Suite, Apt. #, etc. 27 City & State 28 Key West, FL Zip Country 29 33040 30 US
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3. Date Incorporated or Qualified 12/19/1990	4. FEI Number 65-0233075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BENDER, BERT L.
 1503 GOVERNMENT RD
 KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name Bender, Bert L.	82 Street Address (P.O. Box Number is Not Acceptable) 410 Angela Street	83
84 City Key West	85 State FL	86 Zip Code 33040

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		<input type="checkbox"/> DELETE
TITLE	P	
NAME	BENDER, BERT L	
STREET ADDRESS	720 CAROLINE STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	
NAME	BENDER, NANCY G	
STREET ADDRESS	619 ELIZABETH STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, JOHN H	
STREET ADDRESS	386 BLACKBEARD ROAD	
CITY-ST-ZIP	LITTLE TORCH KEY FL	
TITLE	T	
NAME	READ, E N	
STREET ADDRESS	1509 PATRICIA STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P/D		
1.2 NAME	Bender, Bert L.		
1.3 STREET ADDRESS	410 Angela Street		
1.4 CITY-ST-ZIP	Key West, FL 33040		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Read, E N		
4.3 STREET ADDRESS	1509 Patricia Street		
4.4 CITY-ST-ZIP	Key West, FL 33040		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 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, with all other like empowered.

SIGNATURE: BERT L. BENDER, PRESIDENT 2/11/99 (305) 296-1347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)