

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 # **S68043** (6)

1. Corporation Name

~~BEHM & BABCOCK, INC.~~
The Babcock Group, Inc.



Principal Place of Business

Mailing Address

200 E ROBINSON ST
SUITE 1150
ORLANDO FL 32801
US

200 E ROBINSON ST
SUITE 1150
ORLANDO FL 32801
US

3. Date Incorporated or Qualified 07/19/1991	3a. Date of Last Report 04/13/1995
4. FEI Number 59-3073947	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEHM, JAMES A.
200 E ROBINSON ST
SUITE 1150
ORLANDO FL 32801-9973

81. Name <i>Babcock, Robert K</i>
82. Street Address (P.O. Box Number is Not Acceptable) <i>200 EAST ROBINSON ST., SUITE 1150</i>
83.
84. City <i>ORLANDO</i>
85. Zip Code <i>FL 32801</i>

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

Robert K Babcock

(NOTE: Registered Agent signature required when reinstating)

DATE
3/12/96

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	BEHM, JAMES A.	
STREET ADDRESS	200 E ROBINSON ST SUITE 1150	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	BABCOCK, ROBERT K	
STREET ADDRESS	200 E ROBINSON ST SUITE 1150	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<i>PDIRTS</i> <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3000017464003
4.3 STREET ADDRESS	-03/18/96--01029--013
4.4 CITY-ST-ZIP	***200.00
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 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 if changed, or on an attachment with an address.

SIGNATURE:

Robert K Babcock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/12/96

DAYTIME PHONE #
(407) 841-1988

CR2E034 (12/95)