

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 #

P9400084092

1. Corporation Name

Ben-Mont, Inc.

Principal Place of Business
331 Lakeview Dr. #104
Ft. Lauderdale, FL.
33326

Mailing Address
331 Lakeview Dr. #104
Ft. Lauderdale, FL.
33326

| | |
|---|--|
| 3. Date Incorporated or Qualified 5/31/94 | 3a. Date of Last Report |
| 4. FEI Number 65-0500343 | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Sute, Apt. #, etc. | 26 Sute, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 29 |
| 25 | 30 |

| | | | |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Ede, Douglas E. C/O Rumberger, Kirk, et al. 1 Biscayne Tower Suite 3100 Miami, FL 33131 | | 81 Name | 85 Zip Code |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83 | |
| | | 84 City | |

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 _____ DATE _____
Signature typed or printed name of registered agent and filed applicant (NOTE: Registered Agent's name is required when filing for change)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | President <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert A. Montgomery | 1.2 NAME | |
| STREET ADDRESS | 331 Lakeview Dr. #104 | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | Ft. Lauderdale, FL 33326 | 1.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | 200001858692 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | -06/11/96--01157--002 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | ***225.00 |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 its 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 Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Montgomery, President

June 3, 1996 (954) 764-8870
Date Daytime Phone

CR2E034 (12/95)

Am 6/11/96