


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

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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 # P96000054305

1. Corporation Name
BENGAL PROPERTIES, INC.



Principal Place of Business 3811 SAN JUAN ST. TAMPA FL 33629	Mailing Address 3811 SAN JUAN ST. TAMPA FL 33629
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4600 W. KENNEDY BLVD. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 TAMPA, FLORIDA 33609 Zip 24 33609		2a. Mailing Address 26 P.O. Box 18593 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL 33679 Zip 29 33679		3. Date Incorporated or Qualified 06/25/1996	
		4. FEI Number 59-3394521		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SALEM, ALBERT M III
3811 SAN JUAN ST.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name **SALEM, ALBERT M. III**
 82 Street Address (P.O. Box Number is Not Acceptable) **4600 W. KENNEDY BLVD**
 83 **SUITE 100**
 84 City **TAMPA** FL 85 Zip Code **33609**

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 **4.27.99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALEM, ALBERT M III	
STREET ADDRESS	4600 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, SANDRA V	
STREET ADDRESS	3811 SAN JUAN ST.	
CITY-ST-ZIP	TAMPA FL 33629	
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	VICE PRES. & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RANDY STEWART, III	
1.3 STREET ADDRESS	4600 W. KENNEDY BLVD	
1.4 CITY-ST-ZIP	TAMPA, FL 33609	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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:  DATE: **4.27.99** DAYTIME PHONE #: **(813) 286-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)