

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 590846 (2)  
1. Corporation Name  
BENNY MILES INC.

Principal Place of Business  
595 W. GRANADA BLVD., STE. B  
ORMOND BEACH FL 32174-9447

Mailing Address  
595 W. GRANADA BLVD., STE. B  
ORMOND BEACH FL 32174-9447



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1978	3a. Date of Last Report 05/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1856620	Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MILES, BENNY G. 595 W. GRANADA BLVD., STE. B ORMOND BEACH, FL ORMOND BEACH FL 32074				81	Name	
				82	Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	
				FL	85	Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	MILES, BENNY G	1.2 NAME	
STREET ADDRESS	1122 HARBOUR PT DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	RICHARDSON, CAROLE A.	2.2 NAME	
STREET ADDRESS	45 KNOLLWOOD EST DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH, FL 32074	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	MILES, BERNADINE	3.2 NAME	
STREET ADDRESS	1122 HARBOUR PT DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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