FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604093 (5)

1. Corporation Name

BENJAMIN V. HAYWOOD P.A.

Principal Place of Business	Mailing Address
1620 S FEDERAL HWY. SUITE 1101 POMPANO BEACH FL 33062	1620 S FEDERAL HWY. SUITE 1101 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified	3a. Date of Last Report
01/30/1973	02/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1500 E. Atlantic Blvd.	26 1500 E. Atlantic Blvd.	59-1445952	Not Applicable

Suite. Apt. #, etc	Suite. Apt. #. etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22 B	27 B		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23 Pompano Beach, FL	28 Pompano Beach, FL		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes. ☒ Yes ☐ No
24 33060	25 USA	29 33060	30 USA	

9. Name and Address of Current Registered Agent

HAYWOOD,BENJAMIN V
2316 NE 30TH CT
LIGHTHOUSE PT FL 33064

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** NAME **HAYWOOD,BENJAMIN V** STREET ADDRESS **2316 NE 30 COURT** CITY-ST-ZIP **LIGHTHOUSE PT FL**	☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **BERTAKIS, BARBARA A.** STREET ADDRESS **3952-D COCOPLUM CIR** CITY-ST-ZIP **COCONUT CREEK FL**	☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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

(954) 941-0111

SIGNATURE: X *B.V.Haywood*   B. V. HAYWOOD, President   04/11/96

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