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PROFIT CORPORATION ANNUAL REPORT



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

1996

LOUIS I	P. BENSON, INC.	8 (4)			
	TO DECITION IN CO.				
Principal Place	of Business	Mailing Address		ı rodine diviri didise dirdə fərik ribêş fərir didir didir didir didir didir didir	HATE LAUF
551 NW 77TH SUITE 102 BOCA RATON		551 NW 77TH ST Suite 102 Boca raton FL 3346	37	Date Incorporated or Qualified	
US		U\$		11/30/1979 05/01/1995	
	nce of Business	2a. Mailing Address			ed For
	1 No No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26			Applicab!
- Suite, Apt.≢  -	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Add Fee Regu	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  Solution  Added to F	ау Ве
Ζφ	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.	
	25	29	[30]	Florida Statutes Yes Yo	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
DISHOON	LOUIS				
BENSON, LOUIS P. 551 NW 77TH ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 102			83		
	TON FL 33487		84 City	<b>■ 85</b> Zip Coo	<del></del>
			'	<b>FL</b>     '	
farmuar witi	n, and accept the obligations of, Sec	otion 607.0505. Florida Statute		oration submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered ager	
GNATURE _	Signal as, typed or printed name of registered e.g. i		S. OTE: Registered Agent signature require		•
·	OFFICERS AN	of and title if approaches (N ND DIRECTORS	OTE: Registered Agent signature require	ed when revision()) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
	OFFICERS AN	rif and title if apportables (N	OTE Registered Agent signature require  13.  1.1 TiTLE	ed when reuslahnyi DATE	N 12
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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 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

-/9/96 40

407/997-1600 Daytime Prione 1