SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 1995.
AMOUNT DUE ON OR BEFORE [illegible]: [illegible] (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: [illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767221 (5)

1. Corporation Name
BENESTROPHE, INC.

Principal Place of Business	Mailing Address
1555 NE OCEAN BLVD 403N STUART FL 34996	1555 NE OCEAN BLVD 403N STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2366820 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

BERTRAM, RICHARD
1555 NE OCEAN BLVD
SUITE #403N
STUART FL 34996

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	BERTRAM, RICAHRD (CHRMN)	155 NE OCEAN BLVD. #403N	STUART FL 34996
D	STOLL, JIM	1142 N. LAKE SHORE DR.	SARASOTA FL 34277-5925
SD	TAULBEE, TOM	502 MIRAMAR LANE	PALM BCH GARDENS FL 33410-2160
D	WISWELL, BYRON	1555 NE OCEAN BLVD 2005F	STUART FL 34996
D	BOC, VICTOR	P. O. BOX 5315 N/A	EUGENE OR 97405
D	QUESADA, OSCAR MIRO	2601 N. FLAGLER DR., #104	WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
1	1.1	1.2	1.3	1.4	
2	2.1	2.2	2.3	2.4	
3	3.1	3.2	3.3	3.4	
4	4.1	4.2	4.3	4.4	
5	5.1	5.2	5.3	5.4	
6	6.1	6.2	6.3	6.4	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Tom Taulbee — 07/03/95 — (407) 627-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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