
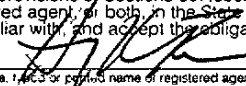


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F24635 (7) 1. Corporation Name BENDER, BENDER & CHANDLER, P.A.					
Principal Place of Business 5915 PONCE DE LEON BLVD #60 CORAL GABLES FL 33146			Mailing Address 5915 PONCE DE LEON BLVD #60 CORAL GABLES FL 33146		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 04/09/1981			4. FEI Number 59-2074681		
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		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent BENDER, HARRY K 5915 PONCE DE LEON BLVD #60 CORAL GABLES FL 33146			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 1/30/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP NAME CHANDLER, JAMES R, III STREET ADDRESS 5915 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 0			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE DST NAME BENDER, HARRY K STREET ADDRESS 5915 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 0			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DV NAME BENDER, GEORGE C STREET ADDRESS 5915 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 00000			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE REQUIRED

1/30/98 (305) 662 1133

CR2E034 (10/97)