

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26119 (0)
1. Corporation Name

Second Benjamin, Inc.

Principal Place of Business
6410 Poplar Avenue
Memphis, TN 38119

Mailing Address
6410 Poplar Avenue
Memphis, TN 38119

800001438838
-03/24/95--01054--014
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1981
3a. Date of Last Report 03/02/1994

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

4. FEI Number	Applied For
62-1128250	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S 190.012, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

McLock, David
One Harbour Place 5th Flr.
Tampa, FL 33602

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	33607

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 607.0605, Florida Statutes.

SIGNATURE

Michael E. Harris

Signature of Agent (signature of past agent acceptable)

3-7-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)

TITLE	V/T/S
NAME	Harris, Michael E.
STREET ADDRESS	6410 Poplar Ave. #300
CITY ST ZIP	Memphis, TN 38119
TITLE	V
NAME	Peek, Scott I.
STREET ADDRESS	1511 N. Westshore Blvd. #1130
CITY ST ZIP	Tampa, FL 33607
TITLE	D
NAME	Harris, Michael E.
STREET ADDRESS	6410 Poplar Ave. #300
CITY ST ZIP	Memphis, TN 38119
TITLE	C/P/D
NAME	Vintiadis, Polyvios C.
STREET ADDRESS	2 Pickwick Plaza, 4th Floor
CITY ST ZIP	Greenwich, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY ST ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY ST ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY ST ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subject to Section 119.071(4)(g), 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 the report as required by Chapter 101, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Michael E. Harris* - Michael E. Harris
Signature and typed or printed name of signing officer or director

3-1-95 901 683244