

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 29 AM 11:30

DOCUMENT # **F26119 (0)**
1. Corporation Name
SECOND BENJAMIN, INC.



Principal Place of Business: **% TOWERMARC 1511 N. WESTSHORE BLVD. SUITE 1130 TAMPA FL 33607**
Mailing Address: **C/O TOWERMARC 1511 N. WESTSHORE BLVD. SUITE 1130 TAMPA FL 33607**

2. Principal Place of Business: **550 N. Reo St Suite # 300 Tampa FL 33609**
2a. Mailing Address: **260 Franklin St Suite # 1840 Boston MA 02110**

3. Date Incorporated or Qualified: **03/20/1981**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **62-1128250**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PEEK, SCOTT I 1511 N. WESTSHORE BLVD., SUITE 1130 TAMPA FL 33607**
10. Name and Address of New Registered Agent: **INTRASTATE REGISTERED AGENT CORPORATION 701 Brickell Avenue Miami FL 33131**

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: *[Signature]*
Signature typed or printed name of registered agent as in Block 9: _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VTS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HARRIS, MICHAEL E		1.2 NAME: D. Scott Ross	
STREET ADDRESS: 6410 POPLAR AVE. #300		1.3 STREET ADDRESS: 300 Franklin St	
CITY-ST-ZIP: MEMPHIS, TN 00000		1.4 CITY-ST-ZIP: BOSTON MA 02110	
TITLE: V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PEEK, SOTT I		2.2 NAME:	
STREET ADDRESS: 1511 N. WESTSHORE BLVD., #150		2.3 STREET ADDRESS:	500001898615
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP:	-07/18/96--01074--017
TITLE: D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	****225.00 ****225.00
NAME: HARRIS, MICHAEL E.		3.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6410 POPLAR AVE #300		3.3 STREET ADDRESS:	
CITY-ST-ZIP: MEMPHIS TN		3.4 CITY-ST-ZIP:	
TITLE: CPD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VINTIADIS, POLYVIOS C.		4.2 NAME:	
STREET ADDRESS: 2 PICKWICK PLAZA, 4TH FLOOR		4.3 STREET ADDRESS:	
CITY-ST-ZIP: GREENWICH CT		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 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]* **7-16-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)