

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F40935 (1)**

1. Corporation Name
BOB DE BENEDICTIS, INC.



Principal Place of Business: **6410 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, 32169-4801 US**
Mailing Address: **6410 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, 32169-4801 US**

2. Principal Place of Business: **6410 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, 32169-4801 US**
2a. Mailing Address: **6410 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, 32169-4801 US**

3. Date Incorporated or Qualified: **08/18/1981** 3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2129993**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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
**DE BENEDICTIS, BOB
6410 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169-1801**

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: **FL**

11. Pursuant to the provisions of Sections 607.0702 and 607.1503, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BENEDICTIS, BEVERLY	2. NAME	
STREET ADDRESS	6410 SOUTH ATLANTIC AVE.	3. STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4. CITY-ST-ZIP	
TITLE	DPT	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BENEDICTIS, ROBERT	6. NAME	
STREET ADDRESS	6410 SOUTH ATLANTIC AVE.	7. STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-ST-ZIP		28. CITY-ST-ZIP	
TITLE		29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		30. NAME	
STREET ADDRESS		31. STREET ADDRESS	
CITY-ST-ZIP		32. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly De Benedictis* 2/1/96 (904)423-7759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Beverly De Benedictis**

CR2E034 (12/95)