

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F58435** (1)

1. Corporation Name

**BENSON, CREASMAN & CO., INC.**



Principal Place of Business

12374 SW 82 AVE.  
MIAMI FL 33156

Mailing Address

12374 SW 82 AVE.  
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BENSON, ARTHUR J**  
12374 SW 82 AVE  
MIAMI FL 33156

3. Date Incorporated or Qualified

12/15/1981

3a. Date of Last Report

04/14/1995

4. FID Number

59-2164330

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

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

B1 Name

**Gerald E. Creasman**

B2 Street Address (P.O. Box Number is Not Acceptable)

12374 SW 82 AVE

B3

B4 City

MIAMI

FL

B5 Zip Code

33156

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. The undersigned, the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE

*Gerald E. Creasman*

4/3/96

12. OFFICERS AND DIRECTORS

12.1 NAME	DP	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	BENSON, ARTHUR J	
12.3 CITY, ST, ZIP	12374 SW 82 AVE.	
12.4 NAME	DVP	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	CREASMAN, GERALD E	
12.6 CITY, ST, ZIP	12374 SW 82 AVENUE	
12.7 NAME	MIAMI FL	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
12.9 CITY, ST, ZIP		
12.10 NAME		<input type="checkbox"/> DELETE
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		

13.

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 NAME	
13.18 STREET ADDRESS	
13.19 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 included 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, or on an attachment, with an address.

SIGNATURE:

*Gerald E. Creasman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

CR2E034 (12/95)