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. FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUÅL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** F94000001144 (4) R. BENN INC. Principal Place of Business Mailing Address 11 RIPTIDE RD. 11 RIPTIDE RD. NARRAGANSETT RI 02882 NARRAGANSETT RI 02882 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1994 03/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 05-0392350 21 26 Not Applicable Suite. Apt. # lefc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Žιρ Country Z_{10} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUNDHEIM, FREDERICK G JR 310 SW OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 City Zio Gode 85 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or proved ment of registered a profued byte if apply abis (fight) Regenered Agent signature required when remotating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **PST** DELFTE 11 TIFLE Change Addition NAME BENN, RUSSELL B 1.2 NAME STREET ADDRESS 11 RIPTIDE RD. 1.3 STREET ADDRESS NARRAGANSETT RI 02882 CITY-ST-ZIP 14 CrTY - ST - ZIP THILE DELFTE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELFTE 3.1 filluf Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City - ST - ZIP TITLE DELETE 4.1 Till: F Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5) TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 000001915350 -08/07/96--01050--014 CITY-SI-ZIP 54 CHTY - ST - AP Change TITLE DELETE 61 TIFLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST ZIP 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information and cated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

IGNING OFFICER OF DIRECTOR

7/10/94

44-189-9250