

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G17463** (2)

1. Corporation Name

BENJAMIN GREY, JR., INC.



Principal Place of Business

**21362 JUEGO CIR.
BOCA RATON FL 33433**

Mailing Address

**21362 JUEGO CIR.
BOCA RATON FL 33433**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

**OTTO, MARILYN H
125 CRAWFORD BLVD.
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

01/05/1983

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2240847

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. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 of person executing this statement for the corporation

Signature of Registered Agent (Signature required only if changing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY-STATE-ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-STATE-ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-STATE-ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-STATE-ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-STATE-ZIP 12.20 TITLE	13.1 11 TITLE 13.2 12 NAME 13.3 13 STREET ADDRESS 13.4 14 CITY-STATE-ZIP 13.5 21 TITLE 13.6 22 NAME 13.7 23 STREET ADDRESS 13.8 24 CITY-STATE-ZIP 13.9 31 TITLE 13.10 32 NAME 13.11 33 STREET ADDRESS 13.12 34 CITY-STATE-ZIP 13.13 41 TITLE 13.14 42 NAME 13.15 43 STREET ADDRESS 13.16 44 CITY-STATE-ZIP 13.17 51 TITLE 13.18 52 NAME 13.19 53 STREET ADDRESS 13.20 54 CITY-STATE-ZIP 13.21 61 TITLE 13.22 62 NAME 13.23 63 STREET ADDRESS 13.24 64 CITY-STATE-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)(a), 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 registered or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN GREY JR. President

2/7/96

Original Phone #

CR2E034 (12/95)