

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G50013** (3)

1. Corporation Name
BENITEZ & BUTCHER, P.A.



Principal Place of Business: **1223 E. CONCORD ST. ORLANDO FL 32803**
Mailing Address: **1223 E. CONCORD ST. ORLANDO FL 32803**

3. Date Incorporated or Qualified 07/15/1983	3a. Date of Last Report 06/09/1995
4. FEI Number 59-2320395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has ability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country
9. Name and Address of Current Registered Agent	

**BENITEZ, GUS R
1223 EAST CONCORD ST.
ORLANDO FL 32803**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0209 and 607.1507, 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 duties of Section 607.0209, Florida Statutes.

SIGNATURE		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. NAME	P BENITEZ, GUS R.	13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1223 E. CONCORD ST.	2. NAME	
CITY, STATE, ZIP	ORLANDO FL	3. STREET ADDRESS	
	V BUTCHER, ROGER B.	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1223 E CONCORD ST.	5. NAME	
	ORLANDO FL	6. STREET ADDRESS	
		7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	
		9. STREET ADDRESS	
		10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11. NAME	
		12. STREET ADDRESS	
		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	
		15. STREET ADDRESS	
		16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17. NAME	
		18. STREET ADDRESS	
		19. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied on this form 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 owner or have consented to create this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a separate sheet with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (407)
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Date of Filing

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