43-95 B 2603-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:18

DOCUMENT # G63656 (4)

1. Corporation Name
BENJAMIN CYCLERY, INC.

Principal Place of Business	Mailing Address
1941 COURTNEY DR FT MYERS FL 33901-9020	1941 COURTNEY DR FT MYERS FL 33901-9020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1983	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2326419 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENJAMIN, EDWARD A. ~~3930 #109 CENTRAL AVENUE~~ FORT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1941 COURTNEY DR. 84 City FL 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~V~~	11 TITLE	P	☒ Change ☐ Addition
NAME	BENJAMIN, HAROLD A	12 NAME		
STREET ADDRESS	~~4039-1 SANDLEWOOD LANE~~	13 STREET ADDRESS	1941 COURTNEY DR.	
CITY-ST-ZIP	FT MYERS, FL 00000	14 CITY-ST-ZIP		
TITLE	~~P~~	21 TITLE	ST	☒ Change ☐ Addition
NAME	BENJAMIN, ED	22 NAME		
STREET ADDRESS	~~3930 #109 CENTRAL AVENUE~~	23 STREET ADDRESS	1941 COURTNEY DR.	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP		
TITLE	~~TS~~	31 TITLE		☐ Change ☐ Addition
NAME	~~BENJAMIN, AILEEN~~ DELETE	32 NAME		
STREET ADDRESS	~~1010 GROVE AVE.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~FT. MYERS FL~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	BENJAMIN, FREDA	42 NAME		
STREET ADDRESS	~~4039-1 SANDLEWOOD LANE~~	43 STREET ADDRESS	1941 COURTNEY DR	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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 added on an attachment with an address.

SIGNATURE: _____ 3/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR1E030 OP