## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H29613

**(7)** 

BEN MOHLENHOFF, INC.

FILED Feb 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  1346 SOUTH KILLIAN DRIVE PO BOX 12624 P.O. BOX 12624 LAKE PARK FL 33403 LAKE PARK FL 33403-062			24					
US 		us			3. Date Incorporated or Qualified 11/07/1984	3a. Date 01/31		eport
· ·	ace of Business	2a. Mailing Address			4. FEI Number 59-2475630	_1	Ap	plied For It Applicable
Suite, Apt.	#, etc	26 Suite, Apt. #, etc.	<del>,</del>		5. Certificate of Status Desired	80 5	\$8.75 Additional Fee Required	
City & State City & State			ate		6. Election Campaign Financing	\$5.00 May Be		
<b>23 7</b> ip	Country	28 Zip	Coun	70	Trust Fund Contribution  8. This corporation has liability for	iotanaible tax	Added to	
24	25	29	30		Florida Statutes	Yes 🗆 I	No	199.032,
_	9. Name and Address of Cur	rent Registered Agent		21	10. Name and Address of New R	egistered Age	ent	
	HLENHOFF, BERNARD D.		*	1 Name				
	Pittsburg dr. Iter fl 33458		8	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)		
001	IILII / E 00400		Ē	3		·	<del></del>	
			1	4 City			85 Zip (	Code
		····			poration submits this statement for the	FL		
agent. I a	rn familiar with, and accept the ob- Signature typed or printed name of registerior	oligations of, Section 607.0505, F	Torida Statu	es.	tion's board of directors. I hereby acce ired when reinstating)	DATE		
12.	OFFICERS DP	AND DIRECTORS  DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI		Change	S IN 12
TOLE NAME	MOHLENHOFF, BERNARD	_	1.1 TITU 1.2 NAN	ì		Ļ.,	1 rueniño	☐ Y00III0II
STREET ADDRESS	403 PITTSBURG DR.			ET ADDRESS				
CITY-ST-ZIP	JUPITER FL		1	-ST-ZIP				:
TITLE	DV	DELETE	2.1 TITE				Change	Addition
NAME	HENDERSHAW, WILLIAM K		2.2 NAM	· 1				
STREET ADDRESS	1201 SEAFARER CIRCLE # JUPITER FL 67	101		ET ADORESS				
CITY+ST-ZIP TITLE	JUPITER PL OF	DELETE	2. 4 C(T 3.1 TITL	(-ST-ZIP		<del></del>	Change	Addition
NAME			3.2 NAM	1			,	
STREET ADDRESS			3.3 STR	ET ADDRESS				
CITY - S1 - ZIP			3.4. CIT	(-ST-ZIP				
TITLE		DELETE	4.1 TITL	E	•	L	Change	Addition
NAME			4. 2 NA	ł				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP THILE		DELETE	5.1 Tife	-ST-ZIP		Е	Change	Addition
NAME			5.2 NAN		**	_	•	
STREET ADDRESS				EET ADDRESS				
CHY-ST-ZIP			5.4 CiT	'-ST-ZIP	:			
TITLE		☐ DELETE	6.1 TITE	E		_	Change	Addition
NAME			6.2 NAM	i i	•			
STREET ADDRESS				EET ADDRESS	i i			
CITY - S1 - ZIP			6.4 D/T)	-ST-ZIP				

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee appears in Block 12 or Block 13 if changed, or on an attack of the properties.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR

BERUARD D. MOHLBUHUA

2/3/97

561-848-6788

POCANA.

R2E034 (9/96)