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

NAME

STREET ADDRESS

SIGNATURE 4

CITY-ST-ZIP

FILED Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (6) H94345 BENTLEY BUILDING CO., INC. Principal Place of Business Mailing Address 501 SOUTH FLAGER DR. 501 SO. FLAGER DR. 309 309 W. PALM BEACH FL 33401 W. PALM BEACH FL 33428 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/07/1986 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2632977 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** PUZZITIELLO, RICHARD KAYMOND 501 SOUTH FLAGLER DR. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 309 W. PALM BEACH FL 33401 83 64 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change THILE 1.1 TITLE PUZZITIELLO, RAYMOND J. NAME 1.2 NAME 11110 DELTA CIR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 21 TITLE TITLE JON RAPAPORT 2.2 NAME NAME 501 SO. FLAGER DR. 309 2.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. Thereby 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 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 on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

(56D)