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

PROFIT CORPORATION ANNUAL REPORT



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

	1996	DIVISION OF	CORPORATIONS			
1. Corporation		1 (4)				
BENN	I'S ON THE BEACH, INC.			f entitle diet mitte grand rand dies	ildi Gibit Gibit Gibit Gibit Bibit Bibit Bibit	
·			******			
Principal Place of Business		Mailing Address		A MANING SIGN SILVE SIGNE CAUSE SIGNED	ands deare ander bider Erber Breit bibli füßi	
% TED ROUGAS 316 SUMMA ST.		% TED ROUGAS				
	ACH FL 33405	316 SUMMA ST. W PALM BEACH FL 334	405			
				 Date Incorporated or Qualified 02/02/1987 	3a. Date of Last Report 04/20/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2757791	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zip	Country	8. This corporation has liability for i		
24	25	29	30	Florida Statutes 🔲 Yes	□No	
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
POLICA!	r TEN		81 Name			
ROUGAS, TED 316 SUMMA ST.			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
	BEACH FL 33405		83			

	•		84 City		FL 85 Zip Code	
 Pursuant t or register 	to the provisions of Sections 607,0502 ed agent, or both, in the State of Florid	and 607,1508, Florida Statute	s. the above named corporation's box	ration submits this statement for the pur	 	
familiar wit	th, and accept the obligations of, Sect	on 607.0505, Florida Statutes	a ry the corporation s boo	ration submits this statement for the pur ard of directors. I hereby accept the appo	antinent as registered agent i am	
SIGNATURE	Signature Typest or probed name of registered agent	acid MacAustralian Commission (Acid	t. Registered Agent o greature require			
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
TIFLE	PD	☐ DELETE	1 : TITLE		Change Addition	
NAME	TSAKON, JOHN		1.2 NAME			
STREET ADDRESS	316 SUMMA ST.		1.3 STREET ADDRESS			
CITY - ST - ZIP	W PALM BEACH FL		1 4 CiTY - ST - ZIP			
TITLE	VD ROUGAS, TED	☐ DELETE	2 1 TITLE		Change Addition	
NAME STREET ADDRESS	316 SUMMA ST.		2 2 NAME			
CITY - ST - ZIP	W PALM BEACH FL		2.3 STREET ADDRESS			
TITLE	STD	DECETE	2.4 CHY+S1+ZIP 3.1 THE		Change Addition	
NAME	THANOPOULOUS, PETER	<u></u> ,	3.2 NAME		L Change Mounton	
STREET ADDRESS	316 SUMMA ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		34CITY-ST ZIP			
TITLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME	20000187 -06/24/96010	<u>'2432</u>	
STREET ADDRESS			4.3 STREET ADDRESS	-06/24/96010	18049	
CITY - ST - ZIP		ED bolos	4 4 CITY - ST - ZIF	***200.00		
NAME		☐ D£l.f TF	5 TITLE		Addition Addition	
STREET ADDRESS			5 2 NAME	/		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	_		
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME		And the Manual Coll	
STREET ADDRESS			6 3 STREET ADDRESS		V	
CITY - S1 - ZIP			64 CITY-ST ZIP			
I do hereby certify that	y certify that the information supplied withe information indicated on this armu-	ito this filing is voluntarily furnis a' report _s or supplemental annua	hed and does not qualify fo all report is true and accura	or the exemption stated in Section 119.0 te and that my signature shall have the s	7(3)(k), Florida Statutes I further	

certly that the information induced off this purpose for 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 this curporation or the receiver or trustee emportered to execute this report as required by Chapter 607, Flor da Statutes; and that my name appears in Block 12 or Block 13 if changet, or on an italiance with an advise.

SIGNATURE:

TURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Claytora: Phone ∎

Date