

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K59130 (0)**

1. Corporation Name  
**ALEXANDER BENJAMIN CORPORATION**



Principal Place of Business: **1106 HARRISON ST SUITE 302 HOLLYWOOD F 33019 US**  
Mailing Address: **1106 HARRISON ST SUITE 302 HOLLYWOOD FL 33019 US**

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

3. Date Incorporated or Qualified <b>01/18/1989</b>	3a. Date of Last Report <b>04/07/1995</b>
4. FEI Number <b>65-0196985</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ANTON, JARED G.  
1940 HARRISON ST #300  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1502 CLEVELAND ST.</b>
83	
84 City	<b>HOLLYWOOD FL</b>
85 Zip Code	<b>33020</b>

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 Sections 607.0602, Florida Statutes.

SIGNATURE: *Tracy S. Anton*  
Date: **1/22/96**

12. OFFICERS AND DIRECTORS

11 TITLE	<b>P</b>	<input type="checkbox"/> DELETE
12 NAME	<b>ANTON, TRACY S.</b>	
13 STREET ADDRESS	<b>1106 HARRISON ST</b>	
14 CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
11 TITLE	<b>V</b>	<input type="checkbox"/> DELETE
12 NAME	<b>ANTON, JARED</b>	
13 STREET ADDRESS	<del>1940 HARRISON ST / STE - 300</del>	
14 CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
11 TITLE		<input type="checkbox"/> DELETE
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
11 TITLE		<input type="checkbox"/> DELETE
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
11 TITLE		<input type="checkbox"/> DELETE
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>ADDRESS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>1500 CLEVELAND ST.</b>	
24 CITY - ST - ZIP	<b>HOLLYWOOD, FL 33020</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Tracy S. Anton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/22/96**  
Daytime Phone:

CR2E034 (12/95)