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

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 APR 30 PM 1: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1997 DOCUMENT # **L57259** (8)BENSBACK LIMITED, INC. Principal Place of Business Mailing Address 520 LAKE COOK ROAD 7280 W. PALMETTO PK RD. SUITE 380 #310 **BOCA RATON FL 33433 DEERFIELD EL 60015-5611** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1990 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 38-2920211 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🗶 Yes 🔲 No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARKS, GREGORY M ESQ: AKERMAN, SENTERFITT & EIDSON, P.A. **B2** 601 BRICKELL AVE, 24TH FLK 1. S.E. Third Avenue 83 MIAMI FL 33131 28th Floor 84 City. 85 70 Code 33/3/ MIAN 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 Salte 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 of registered aspect and otherif applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change Addition □ DELETE III.F 1.1 TITLE VALASSIS, DOUG T HAMI 1.2 NAME 7280 W. PALMETTO PK RD #310 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CHY-ST-ZIP DELETE TITLE 2.1 TITLE ELLIOTT, EDWARD W JR. 2.2 NAME NAME \*\*\*\*165.00 \*\*\*\*165.00 7280 W. PALMETTO PK. RD #310 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 011V - ST 702 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MILLER, ROBERT L 3.2 NAME 7280 W PALMETTO PK RD S310 STREET ALDRESS 3.3 STREET ADDRESS **BACA RATON FL** 3.4. CITY - ST - ZIP CHY-ST-ZiP DELETE Change Addition 4.1 TITLE THE 4.2 NAME NAME 4.3 STRFET ADDRESS STREET ADDRESS 4.4 CHTY-ST-ZIP (CITY - ST - Zif DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-SI-ZIP 5.4 CiTY-ST-2IP DELETE 6.1 TITLE \_\_\_ Change 10.3 NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. 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 appeal report or experimental 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 configuration of the ceiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or 814

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

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