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Jan 14 1997 8:00am

Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # **M85145 (4)**  
 1. Corporation Name  
**BENETAL CORP.**



Principal Place of Business: **101 N. WOODLAND BLVD. SUITE 2121 DELAND FL 32720 US**  
 Mailing Address: **101 N. WOODLAND BLVD. SUITE 2121 DELAND FL 32720-4245 US**

3. Date Incorporated or Qualified: **06/13/1988**      3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **59-2903362**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**  
 Suite Apt. # etc:      Suite, Apt #, etc  
**22**      **27**  
 City & State:      City & State  
**23**      **28**  
 Zip:      Country:      Zip:      Country:  
**24**      **25**      **29**      **30**

9. Name and Address of Current Registered Agent  
**BENNETT JR., CLYDE C.**  
**101 N. WOODLAND BLVD.**  
**SUITE 200**  
**DELAND FL 32720**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City      **FL**      **85** Zip Code

11. Pursuant to the provisions of Sections 607.0507 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]*      (NOTE: Registered Agent signature required when reinstating)      *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b> <input type="checkbox"/> DELETE
NAME	<b>BENNETT, CLYDE C., JR.</b>
STREET ADDRESS	<b>924 VILLAGE GREEN RD.</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAYES, SHELDON W.</b>
STREET ADDRESS	<b>103 COUNTRY CLUB DR.</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DANNALS, GEORGE C.</b>
STREET ADDRESS	<b>624 N. ORANGE AVE.</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TITCOMB, ELLWOOD A.</b>
STREET ADDRESS	<b>139 ASH DRIVE</b>
CITY-ST-ZIP	<b>LAKE HELEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BENNETT, JAMES H</b>
STREET ADDRESS	<b>3417 E. WALMONT</b>
CITY-ST-ZIP	<b>JACKSON MI</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DANNALS, GEORGE C.</b>
3.3 STREET ADDRESS	<b>816 LIBERTY CT</b>
3.4 CITY-ST-ZIP	<b>DELAND, FL 32724</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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 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.

SIGNATURE: *[Signature]*      Date: **1/6/97**      Daytime Phone #: **9047347230**

CR2E034 (9/96)