

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

FILED

Jan 14 1997 8:00am

Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

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
---	--

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

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BENNETT, CLYDE C., JR.	
STREET ADDRESS	924 VILLAGE GREEN RD.	
CITY - ST - ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, SHELDON W.	
STREET ADDRESS	103 COUNTRY CLUB DR.	
CITY - ST - ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANNALS, GEORGE C.	
STREET ADDRESS	624 N. ORANGE AVE.	
CITY - ST - ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TITCOMB, ELLWOOD A.	
STREET ADDRESS	139 ASH DRIVE	
CITY - ST - ZIP	LAKE HELEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, JAMES H	
STREET ADDRESS	3417 E. WALMONT	
CITY - ST - ZIP	JACKSON MI	
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	DANNALS, GEORGE C.
3.3 STREET ADDRESS	816 LIBERTY CT
3.4 CITY - ST - ZIP	DELAND, FL 32724
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]* 1/6/97 9042347230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)