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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10065 (1)

1. Corporation Name
JOHN H. BENNER CO.

Principal Place of Business 254 DAVIS AVE. P.O. BOX 128 CLIFTON HEIGHTS PA 19018	Mailing Address 254 DAVIS AVE. P.O. BOX 128 CLIFTON HEIGHTS PA 19018
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1986	3a. Date of Last Report 04/20/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-1717441	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	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
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent BERMAN, PHILIP M. 2424 NORTHEAST 22ND STREET POMPANO BEACH FL 33062-3099		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	85 Zip Code

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNER, JOHN H. III 1088 PALMERS MILLS RD. MEDIA PA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENNER, CARL A. 1094 PALMERS MILLS RD. MEDIA PA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BENNER, WALTER R. 840 GALER RD. NEWTOWN SQUARE PA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: John H. Benner III Date: 4/1/95 610-623-4103
Signature and typed or printed name of signing officer or director