

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 # P93000073664 (3)

1. Corporation Name

BENEVENTO FINANCIAL GROUP INCORPORATED

Principal Place of Business

100 WORTH AVENUE
SUITE 516
PALM BEACH FL 33480

Mailing Address

100 WORTH AVENUE
SUITE 516
PALM BEACH FL 33480

2. Principal Place of Business

2a. Mailing Address

21 180 ROYAL PALM WAY

26 180 ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 211

27 SUITE 211

City & State

City & State

23 PALM BEACH, FL

28 PALM BEACH, FL

Zip

Country

Zip

Country

24 33480

25 USA

29 33480

30

9. Name and Address of Current Registered Agent

BENEVENTO, FRANK A II
100 WORTH AVENUE
SUITE 516
PALM BEACH FL 33480

3. Date Incorporated or Qualified

10/15/1993

3a. Date of Last Report

07/11/1995

4. FEI Number

65-0442174

APPLIED FOR

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

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 607.0502 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

Signature of person authorized to register agent with this application

DATE: (Sign New Agent Signature and print name and date)

DATE:

12. OFFICERS AND DIRECTORS

TITLE D
NAME BENEVENTO, FRANK A II
STREET ADDRESS 100 WORTH AVE
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(L-5)

Daytime Phone #

CR2E034 (12/95)