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

DOCUMENT # P93000074282 (3)

BENTON & BENTON ENTERPRISES, INC.

Principal Place of Business Mailing Address						FIT BONTO ERBOU REDAM TORBA COLON 18207 CROT
521 KENNEDY BLVD. ORLANDO FL 32751		S21 KENNEDY BLVD. ORLANDO FL 32751-5419				
					3. Date Incorporated or Qualified 10/25/1993	3s. Date of Last Report 05/01/1996
·—,		2a. Mailing Address	Mailing Address		4. FEI Number 59-3207117	Applied For Not Applicable
Surte, Apt. #, etc		Suite, Apt. #, etc.				¢0.75 4 + 400 1
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	28	Country	<i>i</i>	Trust Fund Contribution 8. This corporation has liability for	
24	25	29 3	~			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	agistered Agent
BENTON, KEVIN O			81	Name		
34705 CATTAIL DR. EUSTIS FL 32726			82	Street Ac	ddress (P.O. Box Number is Not Accepta	ble)
EUS	115 FL 32/20		83			
			84	City		85 Zip Code
				'		FL
office or o	edistered agent or both in the State.	of Florida. Such change was aut	thorized b	v the corpo	orporation submits this statement for the tration's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
agent La	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statute	8.		
SIGNATURE	Signature, typed or profud name of registered age	nt and trie if applicable (NOTE I	Registered Ag	ent signature re	quired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
TOLE	D	DELETE	1.1 TITLE			Change Addition
NAME	BENTON, KEVIN		1.2 NAME		. •	ž
STREET ADORESS	34705 CATTAIL DRIVE EUSTIS FL 32726		1.3 STREE	T ADDRESS		
CHY-ST ZIP THE	E03113 FL 32120	DELETE	2.1 TITLE	31-21		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	· - · · · · · · · · · · · · · · · · · ·		2. 4 CITY-	ST-ZIP		Addition
TITLE		DELETE	3.1 TITLE	- 1	•	Change Addition
NAME STREET ADDRESS			3.2 NAME	T ADDRESS		
CITY-ST-7-P			3.4. CITY -	- 1		
10LF		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STHEET ADDRESS			4.3 STREE	T ADDRESS		
00Y-SI-ZP		DELETE	4.4 CITY	ST-ZIP		Change Addition
TITLE NAME		□ bereie	5.1 TITLE 5.2 NAME			FT COMPAGE TO VOCATION
STREET ADDRESS				T ADDRESS		
CITY-\$1-ZIP			54 CITY-			
TITLE		DELETE	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		

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.

FILED

May 09 1997 8:00am

Secretary of State