SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000081787 (2) DOCUMENT # BENZEL, INC. Mailing Address Principal Place of Business 10886 BAHIA DRIVE 10886 BAHIA DRIVE JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 3a. Date of Last Report 3. Date Incorporated or Qualified 11/19/1993 08/04/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3213414 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intengible tax under s. 199 032, Country Zio Country Ses No Florida Statutes 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LANDAU, FRANCINE C Street Address (P.O. Box Number is Not Acceptable) 500 LAW EXCHANGE BLDG. 24 NORTH MARKET STREET 83 JACKSONVILLE FL 32202 Zip Code 85 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE DAIL Stgranger types or price I have a of nightern Lagentia of the diaupt bable (N/)\*E. Ricgistered Agent signature required when rehistating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 8 DELETE 1.1 III: f TITLE CR2E034 BENZEL, GARY W 1.2 NAME NAME 10886 BAHIA DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 14 CHY-ST ZIP CITY - ST - ZIP \_\_\_\_ Change \_\_\_\_ Addition DELFTE 2.1 HH.E TITLE 2.2 NAME GLAIZE, SUSAN J NAME 2.3 STREET ADDRESS 10886 BAHAI DR STREET ADDRESS JACKSONVILLE FL 2 4 CITY -ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TIFLE TITLE 3.2 NAM: NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CHLY - ST - ZIP CITY-ST-ZIP Add.tion Change DELETE 51 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61111:6 TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CHY-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)(x). Florida Statutes 1 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 objective trus report as required by Chapter 617, Florida Statutes, and

GARY W. BEXIZEC 9046412347

or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED WAME

SIGNATURE:

that my name appears in

City-St-7iP