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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

813-525-732

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043665 (6)

BENNETT PROPERTIES, INC.

Principal Place of Business 2929 - 16TH STREET N. ST. PETERSBURG FL 33704			Mailing Address 2929 - 16TH STREET N. ST. PETERSBURG FL 33704-2518							
							3. Date Incorporated or Qualified 06/10/1994		ate of Last R 24/1996	teport
2. Principal 21	Place of Business	2a. 26	Mailing Address				4. FEI Number 59-3255178			oplied For ot Applicable
Suite, Ap	t. #, etc.	27	Suite, Apt. #, etc.			**************************************	5. Certificate of Status Desired		\$8.75	Additional equired
City & St	ale	28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζψ 24	Country 25	29	Zip	30	ountry		8. This corporation has liability for Florida Statutes	ntangible Yes		199.032,
	9. Name and Address of Curr	ent Regist	ered Agent				10. Name and Address of New Me	stered	Agent	
B YI	RNE, JAMES A				81	Name		•		
) - 4TH STREET N.				82	Street Add	ress (P.O. Box Number is Not Acceptate	le)		
ST.	PETERSBURG FL 33701		,		-					
					83					
					84	City		FL	85 Zip	Code
agent I SIGNATURE	am familiar with, and accept the obli	igations of	, Section 607.0505. F rappicable (NC	iorida S	tatutes	· S,	tion's board of directors. I hereby acception and the state of the sta	DATE	D DIRECTOR	RS IN 12
1716	D		☐ DELETE	1.1	TITLE				Change	Addition
NAME	YOUNG, JOHN B				2 NAME					
STREET ADORESS						ADDRESS				
CITY-ST 2IP TITLE	ST. PETERSBURG FL 33704		DELETE	***	CITY-S	T-ZIP			Change	Addition
NAME	D Young, Wanda		[_j beech		NAME				المالية المالية	L. Hodition
STREET ADDRESS	AAAA AATH ATREET M			1		ADDRESS				
CITY ST-7IP	ST. PETERSBURG FL 33704				4 CITY-S					
THUE			DELETE	****	TITLE			***************************************	Change	Addition
NAME:				3.3	2 NAME					
STREET ADDRESS	\$	•		3.5	3 STAEET	ADDRESS				
CITY - ST - 7IP					4. CITY-	ST-ZIP	***************************************			
TOTALE			DELETE		1 TITLE				Change	Addition
RAME.				1	2 NAME					
STREET ADDRESS	5					ADDRESS				
TITLE			DELETE		CITY-S	1-ZIP			Change	Addition
MAME			المام المام		NAME	i			- viango	
SHEET ADORES	g l			- 1		ADDRESS				•
City-St-2IP	"				4 CITY-S					
THE			DELETE	****	TITLE	***	·		Change	Addition
NAME				6.3	2 NAME		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Los 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 armual 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.