## 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.)

**PROFIT CORPORATION ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000006573 | (6) |
|------------|--------------|-----|
|------------|--------------|-----|

## 35 SOUTH BENEVA CORPORATION

| 00 000  |  |   |   |                                 | I MANGAR NG KAKA BANA BANA BANA BANA BANA BANA BANA  |
|---|--|---|---|---------------------------------|--|
| Principal Place of Business Mailing Address                     |  |   | 1 HOOFFOOT THE FORES DITH BOTH BOTH BOTH BOTH BOTH BIT BOTH BIT BOTH BIT BOTH BOTH BOTH |                                 |  |
| 35 BENEVA RD. SARASOTA FL 34237 35 BENEVA RD. SARASOTA FL 34237 |  |   |   |                                 |  |
|   |  |   |   |                                 | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1995   |
| 2. Principal Pl   | ace of Business  | 2a. Mailing Address                                       |   |                                 | 4. FEI Number Applied For  |
| 21  | H .  | 26  |   |                                 | 59-3993/44 Not Applicable \$8.75 Additional  |
| Suite, Apt  | #, etc.  | Suite, Apt #, etc.  |   |                                 | 5. Certificate of Status Desired Fee Required  |
| City & State  | 9  | City & State  |   |                                 | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees   |
| <b>Z</b> ip   | Country  | Zip   | Cou   | ntry                            | This corporation has liability for intangible tax under s. 199 03?   |
| 24  | 25   | 29  | 30  | ,                               | Florida Statutes Yes M No  |
|   | 9. Name and Address of Curr  | ent Registered Agent                                      |   |                                 | 10. Name and Address of New Registered Agent   |
| 35  | nnelly, dave<br>Beneva Rd.<br>Rasota Fl 34237  |   |   | 3 5<br>83                       | ME Kelvain, Richard  ddress (P.O. Box Number is Not Acceptable)  500th Beneva Read   |
|   | _  |   |   | 84 City                         | rasora, FL 85 Zip Code 3423.2 orporation submits this statement for the purpose of changing its registered   |
| office or re<br>agent. I as<br>SIGNATURE                        | egistered agent, or doth, in the tra<br>m familiar with, and account the obl<br>signature is a 1 or pented his twick registered. | ite go Horida Such change was some of Section 607.0505, F | authorized<br>lorida Statu<br>R.G   | by the corpor<br>les.<br>Nc Kel | valuon's board of directors. Thereby accept the appointment as registered by the second of directors. Thereby accept the appointment as registered by the second of directors. Thereby accept the appointment as registered by the appointment as registered by the second of directors. |
| 12.<br>TITLE  | OFFICERS A   | AND DIRECTORS  DELETE                                     | 13.<br>i,1 Tu   | TI E                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  D. Page 11. Page X Addition   |
| NAME  | DONNELLY, DAVE   | Jan Diller  | 12 N  | AME /                           | D, Pres, V. Pres Soy / Tree. Change Addition 35 South Beneva Road  |
| STREET ADDRESS  | 35 BENEVA RD.  |   |   | THEET ADDRESS                   | 35 South Beneva Road   |
| CITY-ST-ZIP   | SARASOTA FL 34237  |   | 140   | ITY -ST - ZIP                   | Suraso+4, fl. 34232  |
| TITLE   |  | DELETE  | 2 1 Ti  |                                 | Change Addition  |
| NAME  |  |   | 2 2 N   | AME                             |  |
| STREET ADDRESS  |  |   |   | TREET ADDRESS                   |  |
| CITY+ST-ZIP<br>TITLE  |  | DELETE  | 2 4 C   | TIE TIE                         | Change Additu  |
| NAME  |  | beet it   | 32 N  |                                 |  |
| STREET ADDRESS  |  |   |   | TREET ADDRESS                   |  |
| CITY-ST-ZIP   |  |   | i i   | DITY - ST - ZIP                 |  |
| TITLE   |  | DELETE  | 41 [[   | ſL <b>É</b>                     | Change Additi  |
| NAME  |  |   | 4 2 1   |                                 |  |
| STREET ADDRESS  |  |   |   | TREET ADDRESS                   |  |
| CiTY - ST - ZiP   |  | DELETE  |   | HTY - ST - ZIP                  | Change Additin   |
| TIFE  |  | [] DELETE   | 51 TI<br>52 N   |                                 | Change Adding  |
| NAME<br>STREET ADDRESS  |  |   | 1   | TREET ADDRESS                   |  |
| CITY - ST-ZIP   |  |   |   | THECT ADDRESS                   |  |
| TITLE   |  | DELETE  | 54E   |                                 | Change Additi  |
| NAME  | 1  | _   | 62 N  | - 1                             |  |
| STREET ADDRESS  |  |   | t t   | TREET ADDRESS                   |  |
| CITY-ST-2IP   |  |   |   | ity-sy-zip                      |  |
|   | by certify that the information support by that the information indicated  | lied with this filing is voluntarily                      |   | and does not c                  | qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I   |

I do hereby certify that the information supplied with 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 early, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an altachorent with an eddress.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Richard ME Kelvain

6-13-96 941-356-2876