

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 # P95000063474 (7)

1. Corporation Name
BEN BOYNTON REALTY, INC.



Principal Place of Business: 515 JOHN KNOX ROAD TALLAHASSEE FL 32303
Mailing Address: 515 JOHN KNOX ROAD TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 08/16/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-333-1395
Applied For: [Blank] / 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

2. Principal Place of Business: 21 [Blank] Suite, Apt. #: 22 [Blank] City & State: 23 [Blank] Zip: 24 [Blank] Country: 25 [Blank]
2a. Mailing Address: 26 [Blank] Suite, Apt. #: 27 [Blank] City & State: 28 [Blank] Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent: BOYNTON, BEN, 515 JOHN KNOX ROAD, TALLAHASSEE FL 32303
10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (Print Name) DATE: [Blank]

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------------------|---------------------------------|---|---|
| TITLE: PVST | DELETE <input type="checkbox"/> | 1.1 TITLE: [Blank] | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME: BOYNTON, BEN | | 1.2 NAME: [Blank] | |
| STREET ADDRESS: 515 JOHN KNOX ROAD | | 1.3 STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: TALLAHASSEE FL 32303 | | 1.4 CITY-ST-ZIP: [Blank] | |
| TITLE: D | DELETE <input type="checkbox"/> | 2.1 TITLE: [Blank] | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME: BOYNTON, BEN | | 2.2 NAME: [Blank] | |
| STREET ADDRESS: 515 JOHN KNOX ROAD | | 2.3 STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: TALLAHASSEE FL 32303 | | 2.4 CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | DELETE <input type="checkbox"/> | 3.1 TITLE: [Blank] | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME: [Blank] | | 3.2 NAME: [Blank] | |
| STREET ADDRESS: [Blank] | | 3.3 STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | | 3.4 CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | DELETE <input type="checkbox"/> | 4.1 TITLE: [Blank] | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME: [Blank] | | 4.2 NAME: [Blank] | |
| STREET ADDRESS: [Blank] | | 4.3 STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | | 4.4 CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | DELETE <input type="checkbox"/> | 5.1 TITLE: [Blank] | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME: [Blank] | | 5.2 NAME: [Blank] | |
| STREET ADDRESS: [Blank] | | 5.3 STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | | 5.4 CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | DELETE <input type="checkbox"/> | 6.1 TITLE: [Blank] | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME: [Blank] | | 6.2 NAME: [Blank] | |
| STREET ADDRESS: [Blank] | | 6.3 STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | | 6.4 CITY-ST-ZIP: [Blank] | |

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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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] 4-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Blank] DATE: [Blank] DAYTIME PHONE #: [Blank]

CR2E034 (12/95)