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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000078016 (9) **DOCUMENT #** BENEWAY, INC. Mailing Address Principal Place of Business 1865 OVERSEAS HIGHWAY 1865 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0621055 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired X Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s Country Country Zip Yes No Florida Statutes 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DEPACE, GERALD P Number is Not Accep 82 -513 NORTH STATE ROAD 83 MARGATE FL 93083 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere a Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered Section 607.0505, Florida Statutes. of Sections 607.0 11. Pursuant to the prov t, or both, in the St and accept the of office or registered agent I am familia SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELÉTE 11 TITLE TITLE CR2E034 12 NAME BENEWAY, CHARLES NAME 1865 OVERSEAS HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS MARATHON FL 33050 1.4 CHY-SI-ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-ZIP CITY-ST-ZIP 000001905496^{range} Addition -07/26/96--01042--002 DELETE 4.1 TITLE TITLE 4 2 NAME NAME ***233.75 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 61 TITLE TITLE 6 3 STREET ADDRESS STREET ADDRESS 64 CITY - S1 - 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)(k). Fiorida 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address CITY-ST-ZIP

DIRECTOR