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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000087516 (7)

BENNY'S GALLEY, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 522 CARIBBEAN DR 133 PACIFIC AVE KEY LARGO FL 33037 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0622616 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, BENEDICTO 133 PACIFIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** 83 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE **GONZALEZ, BENEDICTO** NAME 1.2 NAME 133 PACIFIC AVE STREET ADDRESS 1.3 STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 1.4 CiTY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE GONZALEZ, PATRICIA J. NAME 2.2 NAME 133 PACIFIC AVE 2.3 STREET ADDRESS STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TIT) F 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITE F DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-\$1-ZIP

14. I 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 annual report or suppliemental 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

CIGNATURE.