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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048766 (5)

1. Corporation Name
BENCHMARK RESIDENTIAL OPINIONS, INC.



Principal Place of Business: 1050 RIVERSIDE DRIVE UNIT 204A PALMETTO FL 34221
Mailing Address: 1050 RIVERSIDE DRIVE UNIT 204A PALMETTO FL 34221-5052

3. Date Incorporated or Qualified: 06/05/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 204 R SOUTH ST	26 204 R SOUTH ST	65-0674562	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PALMETTO FL	28 PALMETTO FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34221	25 FL	29 34221	30 FL
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

WESTENDORF, PAUL F
1050 RIVERSIDE DRIVE UNIT 204A
PALMETTO FL 34221

81 Name: WESTENDORF PAUL F
82 Street Address (P.O. Box Number is Not Acceptable): 3118 LIVE OAK LANE
83
84 City: PALMETTO FL
85 Zip Code: 34221

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PVST	DELETED	1.1 TITLE: PVST	Change
NAME: WESTENDORF, PAUL F		1.2 NAME: WESTENDORF PAUL F	Addition
STREET ADDRESS: 1050 RIVERSIDE DRIVE UNIT 204A		1.3 STREET ADDRESS: 3118 LIVE OAK LANE	
CITY-ST-ZIP: PALMETTO FL 34221		1.4 CITY-ST-ZIP: PALMETTO FL 34221	
TITLE: D	DELETED	2.1 TITLE: D	Change
NAME: WESTENDORF, PAUL F		2.2 NAME: WESTENDORF PAUL F	Addition
STREET ADDRESS: 1050 RIVERSIDE DRIVE UNIT 204A		2.3 STREET ADDRESS: 3118 LIVE OAK LANE	
CITY-ST-ZIP: PALMETTO FL 34221		2.4 CITY-ST-ZIP: PALMETTO FL 34221	
TITLE: D	DELETED	3.1 TITLE: D	Change
NAME: MOORE ALAN		3.2 NAME: MOORE ALAN D.	Addition
STREET ADDRESS: RD. BOX 1339	N/A	3.3 STREET ADDRESS: P.O. BOX 1339	
CITY-ST-ZIP: BRADENTON FL 34206		3.4 CITY-ST-ZIP: BRADENTON FL 34206	
TITLE: [Blank]	DELETED	4.1 TITLE: [Blank]	Change
NAME: [Blank]		4.2 NAME: [Blank]	Addition
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		4.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	DELETED	5.1 TITLE: [Blank]	Change
NAME: [Blank]		5.2 NAME: [Blank]	Addition
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	DELETED	6.1 TITLE: [Blank]	Change
NAME: [Blank]		6.2 NAME: [Blank]	Addition
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP: [Blank]	

14. I do 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 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.

SIGNATURE: _____ DATE: 4/2/97 DAYTIME PHONE #: 941-229-7774

CR2E034 (9/96)