## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 SEP 29 AM 9:01 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P96000084928 (6) BEN SOUTH CONSTRUCTION, INC. Principal Place of Business Mailing Address 5220 SOUTH WASHINGTON AVENUE 5220 SOUTH WASHINGTON AVENUE TITUSVILLE FL 32780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report Date Incorporated or Qualified <u>10/11/1996</u> 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVIN, PENNY A 1414 ROSE COURT 82 Street Address (F **MELBOURNE FL 32935** 83 City ---84 Zip Codo 32-780 65 FL 77U5V][[E 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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 fairly with, and accept the objections of, Section 607.0505, Florida Statutes. 9.25.91 SIGNATUR (NOTE: Flogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TOLE BENSON, DANIEL B 1.2 NAME NAME 5220 S. Washington Ave 936 WATERFORD LANE 1.3 STREET ADDRESS STREET ADDRESS **ELK GROVE VILLAGE IL 60007** 1.4 CHY - S1 - 7(P CHTY-ST-ZIP DELETE 2 1 TITLE TITLE **GRIFFIS, BENNY A** NAME 2.2 NAME 215 CIRCLE DRIVE, #2 STREET ADDRESS 2.3 STRUET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-2 4 CITY \$1.ZIP 700002300000000 → 10001/37--01080--001 DELETE TITLE 3.1 THLE NAME 3.2 NAME \*\*\*\*550.00 \*\*\*\*550.00 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY: \$1 - 7IP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAMI

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 eath; 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-7IP

4.4 CITY - ST - ZIP

51 TITLE 52 NAME

6.1 THILF

62 NAME

DELETE

DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME



Applied For

Not Applicable

Addition

Addition

Addition

Change