

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099944 (6)

1. Corporation Name

BENCH ADS OF SUNRISE, INC.



Principal Place of Business 11800 BISCAYNE BLVD SUITE 506 NORTH MIAMI FL 33180	Mailing Address 11800 BISCAYNE BLVD SUITE 506 NORTH MIAMI FL 33181-2726
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3. Date Incorporated or Qualified 12/11/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS 200 E. LAS OLAS BOULEVARD SUITE 1900 FORT LAUDERDALE FL FL333-01
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10. Name and Address of New Registered Agent
81. Name Paul B. Stenberg
82. Street Address (P.O. Box Number is Not Acceptable) 167 Arthur Godfrey Rd
83. City Miami Beach
84. State FL
85. Zip Code 33140

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:  DATE: 4/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	NADEL, ERIC	1.2 NAME	
STREET ADDRESS	443 HOLIDAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	TOMCZAK, RAY	2.2 NAME	
STREET ADDRESS	443 HOLIDAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: 3/3/97

CR2E034 (9/96)