

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90001 048 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000094719**

1. Corporation Name  
**BEN T., INC.**



Principal Place of Business 4400 NW 87TH AVE. MIAMI FL 33178-2101	Mailing Address 4400 NW 87TH AVE. MIAMI FL 33178-2101
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 10045 NW 46 Street	2a. Mailing Address 26 10045 NW 46 Street
Suite, Apt. #, etc. 22 206	Suite, Apt. #, etc. 27 206
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33178	Country 25 Dade
Country 25 Dade	Zip 29 33178
Country 25 Dade	Country 30 Dade

3. Date Incorporated or Qualified 10/22/1997	
4. FEI Number 65-0801028	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 owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BYINGTON, JAMIE**  
 6401 S. 87TH AVE. #210  
 MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name Benjamin F. Theobald		
82 Street Address (P.O. Box Number is Not Acceptable) 10045 NW 46 Street # 206		
83		
84 City Miami	85 State FL	86 Zip Code 33178

11. Pursuant to the provisions of sections 607.0502 and 607.508, 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: *Ben Theobald* DATE: 9-2-99

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME THEOBALD, BENJAMIN F	
STREET ADDRESS 4400 NW 87TH AVE.	
CITY-ST-ZIP MIAMI FL 33178-2101	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Theobald, Benjamin F.	
1.3 STREET ADDRESS 10045 NW 46 Street # 206	
1.4 CITY-ST-ZIP Miami, FL 33178	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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: *Benjamin F. Theobald* DATE: 9-2-99

CR2E034 (5/99)