

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

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Mar 07 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 # V05965

(1)

1. Corporation Name
BEN FRANKLIN PROPERTIES, INC.



Principal Place of Business
**20000 E COUNTRY CLUB DRIVE
AVENTURA FL 33301**

Mailing Address
**18250 COLLINS AVE.
NO MIAMI BEACH FL 33160-2203
US**

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/13/1992 | 3a. Date of Last Report 04/12/1996 |
| 4. FEI Number 65-0310277 | 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 checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21. One East Broward Blvd. Suite, Apt. #, etc. 22. Suite 1001 City & State 23. Ft. Lauderdale, FL Zip Country 24. 33301-1879 25. US | 2a. Mailing Address 26. One East Broward Blvd. Suite, Apt. #, etc. 27. Suite 1001 City & State 28. Ft. Lauderdale, FL Zip Country 29. 33301-1879 30. US |
|--|---|

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

| | |
|--|--|
| 81. Name | 10. Name and Address of New Registered Agent |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | 85. 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE DP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME DALY, THOMAS F JR. | | 1.2 NAME SONEET R. KAPILA | |
| STREET ADDRESS 1201 HAYS ST | | 1.3 STREET ADDRESS ONE EAST BROWARD BLVD., SUITE 1001 | |
| CITY-ST-ZIP TALLAHASSEE FL 33180 | | 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301-1879 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

Date Daytime Phone #

CR2E034 (9/96)