

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V71536** (9)

1. Corporation Name
BENJAMIN BIOMEDICAL, INC.



Principal Place of Business: **3125 TYRONE BLVD ST. PETERSBURG FL 33710 US**
Mailing Address: **3125 TYRONE BLVD ST. PETERSBURG FL 33710 US**

3. Date Incorporated or Qualified: **10/12/1992**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-3149364** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

**STEVENS, MARK
3125 TYRONE BLVD
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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 to be 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 understand the provisions of Section 607.0502, Florida Statutes.

SIGNATURE: *Mark Stevens*
I, the undersigned, am the registered agent of the corporation.

I, the undersigned, am the registered agent of the corporation, when the filing is made.

1/15/96
DATE:

12. OFFICERS AND DIRECTORS

12.1 NAME: DP MIXNER, DAVID B.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 3125 TYRONE BLVD ST. PETERSBURG FL	
12.3 CITY, ST., ZIP: DST	<input type="checkbox"/> DELETE
12.4 NAME: STEVENS, MARK	
12.5 STREET ADDRESS: 3125 TYRONE BLVD ST. PETERSBURG FL	
12.6 CITY, ST., ZIP: DVP	<input type="checkbox"/> DELETE
12.7 NAME: MIXNER, MARK R.	
12.8 STREET ADDRESS: 3125 TYRONE BLVD. ST. PETERSBURG FL	
12.9 CITY, ST., ZIP: []	<input type="checkbox"/> DELETE
12.10 NAME: []	
12.11 STREET ADDRESS: []	
12.12 CITY, ST., ZIP: []	<input type="checkbox"/> DELETE
12.13 NAME: []	
12.14 STREET ADDRESS: []	
12.15 CITY, ST., ZIP: []	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: []	
13.3 STREET ADDRESS: []	
13.4 CITY, ST., ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: []	
13.7 STREET ADDRESS: []	
13.8 CITY, ST., ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: []	
13.11 STREET ADDRESS: []	
13.12 CITY, ST., ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: []	
13.15 STREET ADDRESS: []	
13.16 CITY, ST., ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am attaching with get address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (813) 343-5503
DATE LOCAL PHONE

CR2E034 (12/95)