

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **625874** (3)
1. Corporation Name
BENCHMARK INDUSTRIES, INC.



Principal Place of Business: **525 NE 32ND ST FT. LAUDERDALE FL 33334 US**
Mailing Address: **525 NE 32ND ST. FT LAUD FL 33334 US**

3. Date Incorporated or Qualified: **06/14/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1923052**
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 (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country
27. Suite, Apt. #, etc.
29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**VESTAL, DONALD J., ATTY.
7881-A HOLLYWOOD BOULEVARD
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent (81-85)
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 607.0532 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 reins/strig) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
TD KIRMSE, MARSHA 7141 N.W. 46TH CT. LAUDERHILL FL
SD KIRMSE, MARK 7141 N.W. 46TH CT. LAUDERHILL FL
DP ASTOR, ROBERT 3091 N.W. 95TH AVE. CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
3420 DUNES VISTA DR
POMPANO BEACH FL 33069
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3420 DUNES VISTA DR
POMPANO BEACH, FL 33069
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
PD
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
D
JUSAN ASTOR
3091 N.W. 95 AVE
CORAL SPRINGS, FL

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, or on an attachment with an address.

SIGNATURE: *Marsha Kirmse* 4/26/96 954-561-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)