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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

605071

121

BENCHMARK INDUSTRIES, INC.									
Principa' Place	of Business	Mailing Address	Mailing Address						JUDIU BIBU IBBU
525 NE 32NO FT. LAUDERD US) ST Dale FL 33334	525 NE 32ND ST. FT LAUD FL 33334 US	FT LAUD FL 33334						
						3. Date Incorporated or Qualified 06/14/1979	1	ate of Last Re 05/01/199	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-1923052		-	Applied For	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.						Not Applicable Additional	
22		27			5. Certificate of Status Desired			Required	
City & State		City & State			6. Election Campaign Financing		\$5.0	0 May Be	
23 Zin	Ocuples	Z/p Country			Trust Fund Contribution			d to Fees	
Zip Country 25		Zip Cou 29 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curr					10. Name and Address of New Registered Agent			
				81	Name				
VESTAL, DONALD J. , ATTY.				82	Street Address (P.O. Box Number is Not Acceptable)				
7881-A I	HOLLYWOOD BOULEVARD					ess (Ter Box Marrison to Not Mocopial			
PEMBRO	OKE PINES FL 33024			83					
				84	City			85 Zig	o Code
or register familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	inda. Such channe was authoriza	ed by the c	LL ive-na corpoi	amed corpor ration's boa	ation submits this statement for the pured of directors. I hereby accept the app	rpose of cointment a	banoina ite s	egistered office agent. I am
SIGNATURE: _	Signature, typed or printed name of registered ag-	erd and fine flappfloable (NO	TE: Hogistered	Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS A	S AND DIFFECTORS 13				ADDITIONS/CHANGES TO OFF	ICERS AN		RS IN 12
TITLE	TD	☐ DELETE						Change	Addition
NAME CAREEA ARRESO	KIRMSE, MARSHA			AME	2	1/20 August VISTO A	2		
STREET ADDRESS City-St-Zip	7141 N.W. 46TH CT.	1 4 1 4 P P P A 1 1 1 P A 1 1 1 1 1 1 1 1 1 1 1			DDRESS 5	3420 DUNES VISTA DAZ COMPANO BEA FL 33069			
TITLE	SD	DELETE	2. 1 TI	TY-ST-	- 219	MANO OCA 1-L 3	2067	Change	Addition
NAME	KIRMSE, MARK		2 2 NAME					[Criainge	L) Addition
STREET ADDRESS	7141 N.W. 46TH CT.		2.3 STREET		DDRESS 8	ILAN DUNES VISTA	ar_		
CITY-ST-ZIP	LAUDEDINIE			IY-SI-	-ZIP	HOO OUNES VISTA Y OMPANO BEH, FL. B	8069	7	
TIFLE	DP			ITLE	P			Change Change	Addition
NAME			3 2 NA	AME	,				
STREET ADDRESS	3091 N.W. 95TH AVE.		3.3 S	3.3 STREET ADDRESS					
CITY-ST-ZIP				14-81-					
TITLE		☐ DELETE	4 1 11			ASTNO		☐ Change	Addition
NAME STREET ADDRESS			4 2 NA		200	3AV 13101-			
STREET ADDRESS CITY-ST-ZIP				HEET A TY-SI-	DDRESS 30	SAN ASTOR 191 NW 91 AUR ORAC SPRINGS FL			
TITLE	PAGE AND ADDRESS OF THE PAGE A		5 1 1		-211	DIGIC STRINGS, I P	··············	[] Change	Addition
NAME		L., -	5 2 NA					Change	La Tradition
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				1Y-\$1-					
TITLE				TLE				Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 \$1	REET A	DDRESS				
CITY-S1-ZIP 64 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and				TY-ST-		-			
14. I do hereby certify that	y certify that the information supplied the information indicated on this an	t with this filing is voluntarily furni qual report or supplemental appl	shed and i	does s true	not qualify f	or the exemption stated in Section 119. to and that my signature shall have the	07(3)(k), F	Iorida Statuti	es. I further

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: __

954-561-8588