COND 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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90004 024 ***550.00

OCUMENT	#	V56	7	55

BENSHOFF ELECTRIC, INC.

DENON	OFF ELECTRIC, INC.		~	
cipal Place	e of Business	Mailing Address		I (BBIS BINADI ANSK BYNC NEBOL ANSK BENC BERK BIRK BIRK BIRK DION DEUK) DIDN IDAN
4 60TH AVE WEST P.O. BOX 10025 ADENTON FL 34207 BRADENTON FL 34282-0025		0025		
		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/06/1992
Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For 65-0337080 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
•	25	29	30	Intangible Personal Property. Yes No
,	9. Name and Address of Cu			10. Name and Address of New Registered Agent
			81 Nan	ne -
GENSON, MELODY D. 2201 CANTU COURT		82 Stre	et Address (P.O. Box Number is Not Acceptable)	
SUL	TE 200		83	
SAF	RASOTA FL 34232			
			84 City	FL 85 Zip Code
office or agent. I a	registered agent, or both, in the Sam familiar with, and accept the c	State of Florida. Such change wa	is authorized by the c	d corporation submits this statement for the purpose of changing its registered imporation's board of directors. I hereby accept the appointment as registered
NATURE .	Signature, typed or printed name of registerer	d agent and title if applicable.	(NOTE: Registered Agent sig	ature required when reinstating) DATE
	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	P	☐ DELETE	1.1 TITLE	Change Addition
:	BENSHOFF, DAVID L.		1.2 NAME	END HTIM ST
ET ADDRESS	7326 SHEPARD ST.		1.3 STREET ADDRE	s 500 777H ST
ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	HOUMES BEACH, PC 2901
		DELETE	2.1 TITLE	Change Addition
:		· - ·	2.2 NAME	
ET ADDRESS			2.3 STREET ADDRE	s
iT-Z#P	}		2.4 CITY-ST-ZIP	
		DELETE	3.1 TITLE	Change Addition
TADDRESS		DELETE	3.1 TITLE 3.2 NAME	Change Addition
		DELETE		
iT-ZIP		DELETE	3.2 NAME	
iT-ZIP		DELETE DELETE	3.2 NAME 3.3 STREET ADDRE	
iT-ZIP			3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP	is i
			3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
.T ADDRESS			3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Change Addition
.T ADDRESS			3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE	Change Addition
.T ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP	Change Addition
.T ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition Change Addition
T ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition Change Addition
		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE	Change Addition Change Addition
T ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP	Change Addition Change Addition Change Addition
T ADDRESS T-ZIP T ADDRESS T-ZIP		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 6.7 TITLE	Change Addition Change Addition Change Addition Change Addition
T ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Change Addition Change Addition Change Addition Change Addition

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 in 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 a Block 12 or Block 13 if changed, or on an attachment with a) address.

SNATURE:

DAVID L. BENSHOFF 9/199 GHI- 156-31