

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 625874

**Entity Name:** BENCHMARK INDUSTRIES, INC.

**Current Principal Place of Business:**

6555 POWERLINE ROAD  
SUITE #109  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

6555 POWERLINE ROAD  
SUITE #109  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 59-1923052

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASTOR, ROBERT EMR  
6555 POWERLINE ROAD  
SUITE #109  
FT. LAUDERDALE, FL 33309 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            TD  
Name            KIRMSE, MARSHA  
Address        3420 DUNES VISTA DR  
City-State-Zip: POMPANA BEACH FL 33069

Title            SD  
Name            KIRMSE, WALTER  
Address        3420 DUNES VISTA DR  
City-State-Zip: POMPANO BEACH FL 33069

Title            PD  
Name            ASTOR, ROBERT  
Address        3091 N.W. 95TH AVE.  
City-State-Zip: CORAL SPRINGS FL 33065

Title            VPD  
Name            ASTOR, SUSAN  
Address        3091 NW 95 AVE  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHA K. KIRMSE

**TREASURER**

**01/31/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date