FILE	NOW:	FILING	FEE A	TER M	AY 1ST	IS	\$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 393493

(2)

**FILED** Apr 16 1998 8:00am Secretary of State

BEN ZA	CK INC.	•			
Principal Place	e of Business	Mailing Address			IDII DIGII DIDII DIDII DIDIF IDDI
3201 EAST 7TH AVE. 3201 EAST 7TH AVE. TAMPA FL 33805-4301 TAMPA FL 33805-4301				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				01/03/1972	
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-1374668	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28]	Country	Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curre	11	30	Personal Property Tax due June 30.  10. Name and Address of New Register	
		int tregistered Agent	81 Name	IO. Halle and Addises of Hes Hegister	ou Agent
	CK, BENJAMIN				
	1 EAST 7TH AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
IAN	MPA FL 33605		83		
			100		
			B4 City		85 Zip Code
SIGNATURE				poration submits this statement for the purposition's board of directors. I hereby accept the a	
12.	Signature, typed or printed name of registered at	ND DIRECTORS (NOTE	Registered Agent signature requ		
TITLE	PTD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ZACK, BENJAMIN	_ June	1.2 NAME		Change Channel
STREET ADORESS	3201 EAST SEVENTH AVENI	Æ	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605	<i>,</i>	a i		
TITLE	MSV	DELETE	1.4 CITY-ST-ZIP 21 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	ZACK, BENJAMIN		2.2 NAME		C our ile
STREET ADDRESS	3201 EAST SEVENTH AVEN	#E	2.3 STREET ADDRESS		
	TAMPA, FL 00000	C			
CITY-ST-ZIP TITLE	TAMEN, EL VVVV	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-zip			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		— onengo — naonon
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY - ST - ZIP . 6.1 TITLE		Change Addition
NAME		- Detere	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			1		
OTTO TALL			6.4 CITY-ST-ZIP		

14. Thereby 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 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

(813)248-2722 APR 1 0 1998

SIGNATURE: