SECOND 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**

DOCUMENT #

3144 Northeide Drive

WILLIAM BENSON, INC.

2. Principal Place of Business

SUITE 201

BENSON, WILLIAM

17217 BONITA LN

SUGARLOAF SHORES FL 33042

Mailing Address Principal Place of Business **BOX 4393 BOX 4393** KEY WEST FL 33041 KEY WEST FL 33041

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Monroe

9. Name and Address of Current Registered Agent

2a. Mailing Address

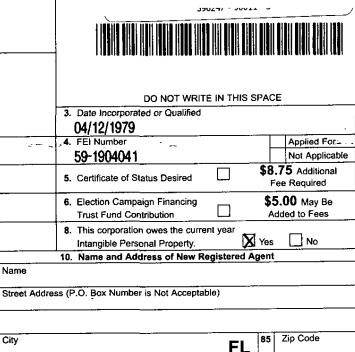
City & State

Zip

Suite, Apt. #, etc.

FILED Jul 27, 1999 8:00 am Secrétary of State

07-27-1999 90011 003 ***550.00



11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

Country

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83 84 Name

City

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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				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE:	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS			
TITLE	—	DELETE	1.1 TITLE	Change Addition
NAME	BENSON, WILLIAM		1.2 NAME	
STREET ADDRESS	17217 BONITA LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF SHORES FL		1.4 CITY-ST-ZIP	
TITLE	V\$	DELETE	2.1 TITLE	Change Addition
NAME	BENSON, SARAH		2.2 NAME	والمعمور المعاري المعاري المعارية المعا
STREET ADDRESS	17217 BONITA LN		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF SHORES FL		2.4 CITY-ST-ZIP	
TITLE		DELETE	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			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	The state of the s	lie e al	6.4 CITY-ST-ZIP	anation 110 07/2\(\text{G}\) Elected Statutes further cartifut that the information

I 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 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 attact enter with an address.

SIGNATURE: