Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90105 008 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F51970

1. Corporation Name

BENILE	RESOURCES, INC.	:							
Principal Place	of Business	Mailing Address		_		f to bith the mind timed inter in	911 0011 01011 and	*** *****	il Albit pian iant
3003 62ND AVE BRADENTON FL	3003 62ND AVE EAST BRADENTON FL 34203	AVE EAST							
US US					<u> </u>	DO NOT WRI	TE IN THIS S	SPACE	<del></del>
					;	3. Date Incorporated or Qualifed 11/01/1981			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		. Ц <i>'</i>	Applied For
21		26			-	59-2130 <u>993</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27			1 :	5. Certificate of Status Desired		Fee	Required
City & State	·	City & State				6. Election Campaign Financing	п.		May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country ·	Zip	Country			<ol><li>This corporation owes the curr</li></ol>			_
24	25	29 30	<u> </u>			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent			1	0. Name and Address of New I	Registered A	gent	
2011			81	Name				,	
SCHULER, ROBERT D				Street A	Address	(P.O. Box Number is Not Accept	able)		
102 TIDEWATER									
Brai	DENTON FL 34210		83						
<u> </u>		•	84	City	<del></del>		FL	85 Zi	p Code
	60 40- 007 0500	and 607 1500 Elected Statutes	the above	named c	comorati	ion submits this statement for the	numana of c	hanging	its registered
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 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.									registered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	-					
SIGNATURE				nt signature re		in reinetating)	DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		13.	II signature re-	equiled write	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
12.	VTS	DELETE	1.1 TITLE					Chang	_
NAME	SCHULER, EILEEN		1.2 NAME						
}	102 TIDEWATER DR		L	TADDRESS	ľ				
STREET ADDRESS									
CITY-ST-ZIP	BRADENTON FL	☐ DELETE	14 CITY-S 2.1 TITLE	1-210			<del></del>	☐ Chang	e Addition
TITLE	•		2.2 NAME						_
NAME )	SCHULER, ROBERT D		Į.	TADDRESS	l				
STREET ADDRESS	102 TIDEWATER		1						
CITY-ST-ZIP	BRADENTON, FL 00000	DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP		<del></del>	<del></del>	☐ Chang	e
TITLE	F4	E,J DELLIE*	3.2 NAME	-	1	· · · · ·	• •		
NAME			l						,
STREET ADDRESS				TADORESS		,			
C/TY-ST-ZIP		□ DELETE	3.4. CITY-5	ST-ZIP		<del></del>	<del></del>	Chang	e Addition
TITLE			4.1 TITLE		٠				,
NAME			4. 2 NAME		ļ				
STREET ADORESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	ļ		<del></del>	Chang	ge Addition
TITLE		☐ DELETE	5.1 TITLE						je
NAME			5.2 NAME						İ
STREET ADDRESS			1	T ADDRESS					
C/TY-ST-ZIP			5.4 CITY- S	T-ZIP					A MARKET
TITLE		☐ DELETE	6.1 TITLE					Chang	ge Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS	ነ				

14. 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP