Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90015 010 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000005154

1. Corporation Name

BENCHIV	MARK SEMINOLE PROPERT	ries, inc.					
Principal Place	of Business	Mailing Address					,,,,, <b>,</b> ,,,,,,,,,
4053 MAPLE ROAD 4053 MAPLE ROAD AMHERST NY 14226					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 11/15/1993		
		O. Mailine Address			4. FEI Number	I Apr	olied For
	ace of Business	2a. Mailing Address			16-1448288	L— <del>L—``</del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Rec	
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	, ,
Zip 24	Country	Zip [:	Country 30	У	This corporation owes the current year Personal Property Tax.		□No
	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
			81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33324		83	<u> </u>			
			84	City		85 Zip C	ode
44 Dumuent	to the provisions of Sections 607 05	02 and 607 1508 Florida Statute	s the abov	e-named corr	poration submite this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	a of Florida. Such change was au	tnorizea ov	/ the corporati	on's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE		WOTE.	Danistana d Ago	at alanat as require	ed when reinstating) DATE		<u></u> -
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ant aignature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	NARINS, CLARKE H	RINS, CLARKE H					}
STREET ADDRESS			1.3 STREE	ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			
TITLE			2.1 TTLE			☐ Change	☐ Addition
NAME	GELLMAN, ARTHUR M		2.2 NAME				
STREET ADDRESS	4053 MAPLE ROAD 2.3 ST		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	OV □ DELETE 3.1 TF		3.1 TITLE			☐ Change	☐ Addition
NAME	Gellman, George I		3.2 NAME				+
STREET ADDRESS	4053 MAPLE ROAD		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	V	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	Birtch, P. Jeffrey		4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	AMHERST NY 14226		4.4 CITY-1	ST-ZIP			
IIILE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	[ ]		Change	☐ Addition

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

IRE Po Jeffrey Birtch

7/6-833-4986