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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

May 11 1998 8:00am

Secretary of State

1. Corporation	MENI#	^F H3236	88	(3)			1			
		BENDER, INC.		• •						
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, "				ng Address			İ			
				1640 9 AVE NO. ST. PETERSBURG FL 33713						
VI. 1 E 1 E 11001	5110 1 € 00710		V	OI. VETERIODORO TE GOVIO				DO NOT WRITE IN THIS SPACE		
							1	3. Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				12/04/1984 4. FEI Number	T Ar	oplied For
21		-	26	├ ─1				59-2463386	— — — ·	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22			27	City & State			-			equired
City & State	е			28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible		
24				29 30				Personal Property Tax due June 30. Yes No		
		nd Address of Curre	ent Register	red Agent		81 Name		10. Name and Address of New Registers	d Agent	
BENDER, DAVID						61 Name				
1640 9 AVE NO.						82 Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33713						83				
						84 City			. 85 Zip	Code
								F	L I I `	1
11. Pursuant i	to the provision egistered ager	ns of Sections 607.05 nt, or both, in the Sta	502 and 607 te of Florida	.1508, Florida Stat Such change wa	tutes, the at is authorized	ove-named by the corp	corpora	ation submits this statement for the purpose i's board of directors. I hereby accept the a	of changing in ppointment as	ts registered registered
agent. I a	m familiar with	and accept the obli	gations of, S	Section 607.0505,	Florida Stat	utes.				
SIGNATURE	Signature, typed or	printed name of registered a	uent and title if a	poleable (N	IOTE: Flagistered	Agent signature	required i	when reinstating) DATE		
12.		ND DIRECT	CTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	_		
TITLE	P					TLE			Change	Addition
NAME	BENDER,	avid L Ave North		1.2						İ
STREET ADORESS CITY+ST+ZIP	ST PETER					REET ADDRESS				
TITLE						LE			Change	☐ Addition
NAME						ME				-
STREET ADDRESS						reet address				
CITY-ST-ZIP	ST. PETER	RSBURG FL 33713	}	- I on ere		TY-ST-ZIP			Change	Addition
TITLE				☐ DELETE	3.1 Til 3.2 NA	l			Change	☐ Addition
NAME Street Adoress					1	REET ADDRESS				
CITY-ST-ZIP					1	TY-ST-ZIP				
TITLE				DELETE	4.1 10				Change	Addition
NAME					4. 2 N	AME				ł
STREET ADDRESS					4.3 ST	REET ADDRESS				
CITY-ST-ZIP				- December		IY-ST-ZIP				1 delition
TITLE				☐ DELETE	5.1 10	i			Change	Addition
NAME CONCET ADDRESS					5.2 NA	i				
STREET ADDRESS						REET ADDRESS TY-ST-ZIP				
CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CI 6.1 TII				Change	☐ Addition
NAME					6.2 NA	I				
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP						TY-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 is application of the composition of the receiver or trustee emposition of the 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 attraction of the composition