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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H50361

(5)

BENSON'S LOCK SERVICE, INC.	(-)		
Principal Place of Business	Mailing Address	<del></del> -	
1633 14TH AVENUE VERO BEACH FL 32960	1633 14TH AVENUE VERO BEACH FL 32960-0435		

FILED
May 23 1997 8:00am
Secretary of State



VERO BEACH FL 32960	VERO BEACH FL 32980-043	15		
			3. Date Incorporated or Qualified 04/03/1985	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2553247	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <sub>4</sub> Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 25		30		Yes No
. 9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Rec	
BENSON, BETTY F.		81 Name	L-L. TRENDERGA	ST INC
1555 14TH AVENUE, APT. 101		82 Street Add	ress (P.O. Box Number is Not Acceptable	le) /
VERO BEACH FL 32980		02 -	175 A & A // C	
•		83 36	5 43 MG AVE	-
•		84 City 1	ENO BEACH	FL 85 Zip Code 32968-23
	* 05 00 1 00 1 00 0 Ft 1 D	V		
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. Lam fumiliar with, and accept the</li> </ol>	i7 0502 and 607.1508. Florida Statutes State of Florida. Such change was au	s, the above-hamed cor ithorized by the corpora	poration submits this statement for the pi ition's board of directors. I hereby accep	t the appointment as registered
		ida Statutes	1//	5/delan
SIGNATURE KICHILLO	L. PRENDERGIST	ر الم		DATE
	nerrager l'anoîtite il applicable. (NOTE IS AN® DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	
TP P	DELETE		rice Presider	Change X Addition
NAME BENSON, BETTY F.	<del></del>	1.2 NAME	George Bloom	mer.
STREET ADDRESS 1555 14 AVE., APT 101		1.3 STREET ADORESS	1555 Aly Ale	× 10 1 €
VEDO DEXOU EL		1.4 CITY-ST-ZIP	Juna Beach E	1. 32916
CHY-SUZIP YEAU DEAUN FL	DELETE	2.1 TITLE	V = 10 1 17 1-	Change Addition
N.C.M.:	parage	2.2 NAME		•
STREE - ACCISESS		2.3 STREET ADDRESS		
C-17 - 51 7/8		2. 4 CITY - ST - ZIP		
THIE	DELETE	3.1 TITLE		Change Addition
NAME		3 2 NAME		l
STREET ADORESS		3 3 STREET ADDRESS		l
CHY 51-74°		3 4. CITY-ST-ZIP		
TILL	DELETE	41 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADORESS		4 3 STREET ADDRESS		
City St 70		4.4 CITY - ST - ZIP	V	
TillE	☐ DELETE	5.1 TIYLE		Change Addition
HAMI		5.2 NAME	•	
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-ST-745		5.4 CITY-ST-ZIP		•
TITLE	DELETE	6 1 TITLE		Change Addition
NAM		6.2 NAME		1
STREET ADDRESS		6.3 STREET ADDRESS		
0/TY - 51 - ZIP		6.4 CITY-ST-ZIP		1
14. I do hereby certily that the information s	upplied with this filing does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the

14. To hereby certify that the information supplied with this hing does not quality for the exemption stated in section 119.07(3)(), Florida statutes. Internet 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 have office 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

na dima Prope