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

Mailing Address

US

21125 CORTEZ BLVD

BROOKSVILLE FL 34601

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J15279

Principal Place of Business 21125 CORTEZ BLVD

BROOKSVILLE FL 34601

GENERAL BENCHMARK, INC.

					05/19/1986	·		
2. Principal P	lace of Business	2a. Mailing Address	Vailing Address		4. FEI Number	Appli	ed For	
21	26				59-2765309	Not A	Applicable	
Suite, Apt. #, etc. Suite, Apt.			ot. #, etc.		5. Certificate of Status Desired	\$8.75 Add	ditional	
27					5. Certificate of Status Desired	Fee Requ	iired	
City & State City & State					6. Election Campaign Financing	□ \$5.00 м	ау Ве	
23					Trust Fund Contribution	Added to	Fees	
Zip	p Country Zip			ry	8. This corporation owes the current			
24	25	29 3	30	•	Personal Property Tax.	☐ Yes L	No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent		
1.00			18	11 Name				
VIDAL, HERMAN A. 21125 CORTEZ BLVD BROOKSVILLE FL 34601				82 Street Address (P.O. Box Number is Not Acceptable)				
				The state of the s				
				13		元群物组织数	100	
			-	4 City	<u> </u>	85 Zip Co	1 213 1 1 2 5 20 8 1 1 4 2	
			ľ	City		FL S Z P C C	ue	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the pu	rpose of changing its re	gistered	
office or r	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized t	ov the corporati	ion's board of directors. I hereby accept to	he appointment as regis	tered	
-t. agent. i a	m familiar with, and accept the obligati	ions of, Section 607.0005, Florid	ua Statut	35.			,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE: B	Registered Ar	nent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	<u> </u>	13 1 mm 6	☐ Change	☐ Addition	
NAME	DAVID, JOE		1.2 NAM					
	315 HOWELL AVE.			EET ADDRESS			i	
STREET ADDRESS					:			
CITY-ST-ZIP	BROOKSVILLE FL	☐ DELETE	1.4 CITY 2.1 TITU			Change	Addition	
TITLE	•			ŀ		- and		
NAME	MANUEL, GENE		2.2 NAM			•		
STREET ADDRESS			2.3 STREET ADDRESS				İ	
CITY-ST-ZIP				/-ST-ZIP			- Addiso-	
TITLE	ST DELETE 3.		3.1 TITLE	i .	•	☐ Change	☐ Addition	
NAME	VIDAL, HERMAN		3.2 NAM	E]				
STREET ADDRESS	21125 CORTEZ BLVD		3.3 STRE	EET ADDRESS	gat in the second great		1.3961.5	
CITY-ST-ZIP	BROOKSVILLE FL 34601		3.4. CITY	-ST-ZIP	<u> </u>	<u>。自己的</u> ,但是被制	ु सक्ता क्ष	
TITLE		☐ DELETE	4.1 TITLE	.		Change: 👸	Addition	
NAME			4. 2 NAM	Æ			:	
STREET ADDRESS	,		4.3 STRE	ET ADORESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	EET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		***	☐ Change	Addition	
NAME	**. **		6.2 NAM	E I		- - -		
				ET ADORESS				
STREET ADDRESS			6.4 CITY	į				
CITY-ST-ZIP	125 M. A.A. T. E	L'ALLE GILLE de la contraction del contraction de la contraction d	0.4 CITY	-SI-ZIF	Parties 110 07/2Vi) Elecido Statutos 15	ethor poetifu that the infe	rmation	

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.

FILED

Feb 18, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02-18-1999 90037 028 ***150.00