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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J53508

(4)

BENCHMARK DESIGNS, INC.

Principal Place of Business Mailing Address							AFRII OLDEI GERE	I EIEH BILII	
% TIMOTHY S. 3050 SW 14TH BOYNTON BEA	PLACE SUITE 9		% TIMOTHY S. CONLEY 3050 SW 14TH PLACE SUITE 9 BOYNTON BEACH FL 33426-9020						
						3. Date Incorporated or Qualified 01/26/1987	3a. Date 05/01	of Last R   <b>/1996</b>	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	*	plied For	
21		26				59-2780608		No	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Ζφ	Country	Zip	Cou	intry		8. This corporation has liability for it	ntangible ta:		*******
24	25	29	30				Yes 🔲		100.002,
	g. Name and Address of Curr	ent Registered Agent			***************************************	10. Name and Address of New Rep	jistered Ag	ent	
CON	NLEY, TIMOTHY S.			81	Name				
3050 S.W. 14TH PLACE				82	Street Addres	ss (P.O. Box Number is Not Acceptab	e)		
ВОҮ	'NTON BEACH FL 33426		83			to the second of the second			n=
				84	City		FL <sup>[1</sup>	<b>85</b> Zip (	Code
Office of re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ste of Florida. Such change was	Authoriza	d hv i	named corpo the corporatio	ration submits this statement for the p n's board of directors. I hereby accep	irpose of ch the appoin	anging it Iment as	s registered registered
SIGNATURE			.,	****	****				
	Signature, typical or punted name of registered	agent and titro if applicable (NC NDD DIRECTORS		d Ageni	signature required		DATE		
<b>12</b> .	Diricko	DELETE	13.	TIE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CONLEY, TIMOTHY S.	the section	1.2 N				<b></b>	) Oldingo	L. roomon
STREET ADDRESS	3050 S.W. 14TH PLACE				DDDCCC				
CITY - \$1 - ZIP	BOYNTON BEACH FL	i i		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 T		·Zir			Change	Addition
NAME	NICE, SUSAN M.		2.2 N						
STREET ADDRESS	3050 S.W. 14TH PLACE				DORESS				
CITY-ST-ZIP	BOYNTON BEACH FL			ITY-ST					
TITLE		DELETE	3.1 (					Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET A	DDRESS				
CHTY - ST - 7IP			3.4. 0	ITY-ST	- ŽIP				
TITLE.		DELETE	4.1 TI	TLE			L	Change	Addition,
NAME			4.2 N	IAME					·
STREET ADDRESS			4.3 S	FREET A	DORESS				
CITY - ST - ZIP			4.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	5.1 []	TLE				Change	Addition
NAME			52 N	AME		•			
STREET ADDRESS			5.3 S	reet a	Doress				
CITY - ST - ZIP		·	5.4 C	TY-\$1-	ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 ST	FREET AS	DDRESS				
CITY. ST. 7IP			6.404	TV CT	710 1				ļ

14. I do 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.

SIGNATURE:

**FILED** 

Mar 03 1997 8:00am

Secretary of State