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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J62374

1. Corporation Name

BENVIA ENTERPRISES, INC.

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90116 003 \*\*\*158.75



Principal Place	e of Business	Mailing Address				to beat night bidh	Atali Bian aiti in	
2215 6TH AVENUE 2215 6TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960					DO NOT WRITE	IN THIS SPACE	<b>Ξ</b>	
					3. Date Incorporated or Qualifed 03/12/1987		<u>-</u>	
A D-iii B	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
	lace of Business 6th Ave Vero Bonca Fan		tree.	Rescu	59-2785195	-	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	U CS·CI	- DEACH	_	<b></b>	75 Additional	
22	π, οιο.	27			5. Certificate of Status Desired	7	e Required	
City & State	BEACH FLORIDA	City & State 28 VGRC BEACH	Fu	PIDA	Election Campaign Financing     Trust Fund Contribution		.00 May Be ided to Fees	
Zip 24 3296	Country	Zip 29 32960. 3	Con	DIAN PINEK	This corporation owes the current Personal Property Tax.	⊡rYes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
				81 Name				
GARRIS, CHARLES E. 2205 14TH AVE				82 Street Addre	et Address (P.O. Box Number is Not Acceptable)			
VER	O BEACH FL 32960		ŀ	83				
			-	84 City		85	Zip Code	
					the state of the s	FL <sup>83</sup>		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	f Florida. Such change was auth	norized	by the corporation	oration submits this statement for the pur n's board of directors. I hereby accept the	ie appointment	as registered	
SIGNATURE		_						
	Signature, typed or printed name of registered agent a		<u> </u>	Agent signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDE	ECTORS IN 12	
12.	OFFICERS AND	DELETE	13.	F .	ADDITIONS/CHANGES TO OFFICE	Ch:		
NAME	BENNETT, JOHN		1.2 NAI			_	-	
STREET ADDRESS	275 DATE PLAM RD #502 /			REET ADDRESS				
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NAME			6.2 NA					
STREET ADDRESS	1		6.3 STI	REET ADDRESS				
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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.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR