

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56940

(5)

1. Corporation Name

M. BENSON, INC.

Principal Place of Business

**3800 S OCEAN DR
STE 1601
HOLLYWOOD FL 33019
US**

Mailing Address

**C/O MAX M. HAGEN
16863 NE 19TH AVE
N MIAMI BCH. FL 33162-3149
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1989

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0095182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

NEW ADDRESS

**MAX M. HAGEN,
3990 SHERIDAN ST. #104
HOLLYWOOD, FL 33021**

9. Name and Address of Current Registered Agent

**HAGEN, MAX M.
16863 NE 19TH AVE.
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**NEW ADDRESS
MAX M. HAGEN,
3990 SHERIDAN ST. #104
HOLLYWOOD, FL 33021**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and this is acceptable

Signature typed or printed name of registered agent and this is acceptable

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D
BENSON, MAURICE
16863 NE 19TH AVE.
NO. MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

**3990 Sheridan St., Suite 104
Hollywood, FL 33021**

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 registered or limited partnership to which this report is 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

Maurice Benson
MAURICE BENSON

2/10/95 (30's) 456 7584