

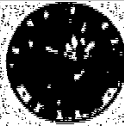
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K60804 (7)

**1. Corporation Name
BENCHDESIGNS, INC.**

Principal Place of Business

**P.O. BOX 80413
ST. PETERSBURG FL 33784**

Mailing Address

**P.O. BOX 80413
ST. PETERSBURG FL 33784**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/25/1989 **3a. Date of Last Report** 11/22/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **25** Country

29 Zip **30** Country

4. FEI Number 65-0092704 **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**

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

9. Name and Address of Current Registered Agent

**CIRCELLO, MARIETTA
326 - 8TH AVE. N.E.
APT. #8
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name CIRCELLO, MARIETTA
82 Street Address (P.O. Box Number is Not Acceptable) 250 15th AVE S
83
84 City ST PETERSBURG **FL** **85 Zip Code** 33701

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 MARIETTA L. CIRCELLO PRES. **DATE** 4-15-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CIRCELLO, MARIETTA	326-8TH AVE. N.E. #8	ST. PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	CIRCELLO, MARIETTA	250 15 th AVE S	ST PETERSBURG FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(3)(k), 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: MARIETTA L. CIRCELLO PRES. **DATE:** 4-15-95 **TELEPHONE:** (813) 894-5011