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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12008

1. Corporation Name

GEORGEANNE BENDER, INC.

Principal Place	e of Business	Mainig A	agress							
P.O. BOX 32033	38	P.O. BOX	320338							
COCOA BEACH	1 FL 32932	COCOA BI	EACH FL 32932							•
US		US					DO NOT WRI	TE IN THIS	SPACE	
							Date Incorporated or Qualifed			
							08/29/1989			l l
2 Principal P	lace of Business	2a. Mailin	g Address	_			4. FEI Number		An	plied For
	lace of Dusiness	<u> </u>	g / lau/obo				54-1252389		_ ·	t Applicable
21 .		26	A-1 # -1-				J4 1232303		\$8.75	
Suite, Apt.	#, etc.	h	Apt. #, etc.				5. Certifcate of Status Desired			li i
22	المعطمية المراد المراجب المبار	27	<u> </u>				مستقل واستعمالها والمراجعة والمستعمل والم	رسستندر وسيسم		equired
City & State	e	City &	State				6. Election Campaign Financing		\$5.00	
23		28				_	Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the cur	rent year Inta	angible	
24	25	29		30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curre		Agent				10. Name and Address of New	Registered #	Agent	
				_	81	Name				
GRA	SS, IRVING									
	MINUTEMEN CAUSEWAY				82	Street Addr	ress (P.O. Box Number is Not Accept	able)		İ
COC	COA BEACH FL 32931				83					
	,								[a=1 7:- (0 - 10
					84	City		FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607.150	8. Florida Statut	es, the al	bove-	named corp	poration submits this statement for the	purpose of	changing its	registered
office or n	egistered agent or both in the State	of Florida. Suc	h change was a	uthorized	i by ti	he corporation	on's board of directors. I hereby acce	pt the appoir	itment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Sectio	n 607.0505, Flo	rida Stati	utes.					ļ
SIGNATURE							-J., da	DATE		}
Signature, typed or printed name of registered agent		ent and title if applicat			AGBIL:	signature require	ed when reinstating)	DATE		
	OCCIOEDS M	NO DIDECTOR		42			ADDITIONS/CHANGES TO OF	CICEDS AN	D DIRECTO	10 C IN 12
12.		ND DIRECTOR	s	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
12.	DPT	ND DIRECTOR		1.1 777			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO Change	DRS IN 12 Addition
	DPT BENDER, GEORGEANNE	ND DIRECTORS	s	_			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLÉ	DPT BENDER, GEORGEANNE 255 S. ATLANTIC AVE	ND DIRECTOR	s	1.1 T/1 1.2 NA	ME	ADORESS	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLÉ NAME STREET ADDRESS	DPT BENDER, GEORGEANNE	ND DIRECTOR	s	1.1 T/1 1.2 N/4 1.3 ST	ME REET A	ļ	ADDITIONS/CHANGES TO OF	FICERS AN		
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CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90177 003 ***150.00