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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name BENJIES LTD., INC. NA) A MR Mathress



	g t	, ,		T T TO THE CONTRACT	440-4-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	,						
Principal Place of Business Mailing Address												
% LINDA M. 10045 SAN J	JOSE BLVD			% LINDA M. BENJAMIN 10045 SAN JOSE BLVD JACKSONVILLE FL 32257-5835								
JACKSONVIL		JACKSONVILLE TE S	11 92237 5000			3. Date Incorporated or Qualified 01/11/1990 3a. Date of Last Report 05/23/1995						
2. Principal Place	e of Busine	ess	2a. 26	2a. Malling Address				4. FEI Number Applied For Not Applied solution Applied For Not				
Suite, Apt, #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional le Required		
City & State				City & State			Election Campaign Financing Trust Fund Contribution		Ad	.00 May Be ded to Fees		
Zip Country			1201	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
4	25			30				Florida Statutes LJ Yes LX-No 10. Name and Address of New Registered Agent				
	g. Name	and Address of	Current Regis	stered Agent				10. Name and Address of New Registered Agent				
					ļ	81	Name		************			
BENJAMIN, LINDA M. 10045 SAN JOSE BLVD JACKSONVILLE FL 32217						82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
						83		City FL 85				
						84	City			85	Zip Code	
						L	anned assisse	ration submits this statement for the pird of directors. I hereby accept the ap			as reastered office	
Signature, tyred or printed name of registered ages, and littled arpholosis. 2. OFFICERS AND DIRECTORS					NOTE: Registered Agent's gradule require			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
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NAME		JAMIN, LINDA M			1.2 N				4			
STREET ADDRESS	10045 SAN JOSE BLVD JACKSONVILLE FL						ADDRESS					
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STREET ADDRESS CITY-ST-ZIP					6.4	e ity	ET ADDRESS ST-ZIP	for the exemption stated in Section 1				

I do nereby certify that the information supplied with this tiling is voluntarily furnished and does not dually for the exemption stated in Section 1.19.0 (A)(K), honder statutes. 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 product 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 .3 if charged, or on an attachment with an address.

SIGNATURE:

VICE AND TYPED OR PRINTED NAMED OF SIGNING OFFICER OR DIRECTOR

Daytme Phone # Date