Applied For

Not Applicable

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

Mailing Address 520 LAKE COOK ROAD

**DEERFIELD EL 60015** 

2a. Mailing Address

SUITE 380

26

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L57259**

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

7280 W. PALMETTO PK RD.

BOCA RATON FL 33433

21

BENSBACK LIMITED, INC.

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90080 044 ***150.00



DO NOT WRITE IN THIS SPACE	DO N	OT WR	ITE IN	THIS	SPACE
----------------------------	------	-------	--------	------	-------

3. Date Incorporated or Qualifed

03/07/1990

38-2920211

4. FEI Number

	Suite, Apt. #, etc.  27  City & State  City & State				5. Certifcate of Sta	us Desired		•	Additional Required
City & State					6. Election Campai	on Financing			0 May Be
23	y & State 28				Trust Fund Cont				d to Fees
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation	owes the curre	nt year Inta		
24					Personal Proper			Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Add	ess of New R	egistered /	Agent	
			81	Name					
RISTAINO, EDWARD L AKERMAN, SENTERFITT & EIDSON, P.A.			82	Street Addr	ress (P.O. Box Number	is Not Accepta	ote)		
	THIRD AVENUE., 28TH FLOOR		83						
MIAN	AI FL 33131		84	City				85 Zi	p Code
			1	,	•		FL		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	thorized by	the corporation	oration submits this stated in the state on the state of directors.	ement for the p	the appoir	cnanging itment as	registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		t signature require	d when reinstating)		DATE		
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHA	NGES TO OFF	ICERS AN		
TITLE	DVTS	☐ DELETE	1.1 TITLE					Chang	e Addition
NAME	VALASSIS, DOUG T		1.2 NAME						
STREET ADDRESS	7280 W. PALMETTO PK RD #310	)	1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST	T-ZIP					
TITLE	DP	☐ DELETE	2.1 TITLE					Chang	e Addition
NAME	ELLIOTT, EDWARD W JR.		2.2 NAME						
STREET ADDRESS	7280 W. PALMETTO PK. RD #31	0	2.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE					☐ Chang	e 🗀 Addition
NAME	MILLER, ROBERT L		3.2 NAME						
STREET ADDRESS	7280 W PALMETTO PK RD S310	•	3.3 STREET	T ADDRESS					
CITY-ST-ZIP	BACA RATON FL		3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Chang	e Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Chang	e Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			<del></del> -		
TITLE		☐ DELETE	6.1 TITLE					Chang	e Addition
NAMÉ			6.2 NAME						
STREET ADDRESS			6.3 STREET	TADDRESS					
CITY-ST-ZIP			6.4 CITY+S	T-ZIP					

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 supplier ental 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 of 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: