CERTIFIED MAIL # 2055 224 693

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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62298

(9)

THE BENJAMIN JAY, CORPORATION

FILED May 13 1998 8:00am Secretary of State



N.					
Principal Place of Business		Mailing Address			
C/O V MARY THOMAS 2294 & Oceanshore Blvd Flgler Beach Fl 32136-4021 US		PO BOX 218 FLGLER BEACH FL 32136-4021 US		DO NOT WRITE IN	THIC PDACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
•				04/04/1990	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3086667	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	ne current year Intangible
24	25	[29]	30	Personal Property Tax due June 30.	☐ Yes ☑ No
	g, Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regist	ered Agent
	OMAS, V M		81 Name		
	84 8. OCEANSHORE BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FLGLER BEACH FL 32136					
			83		
			84 City		85 Zip Code
				poration submits this statement for the purpo	FL T
agent. I a SiGNATURE	m familiar with, and accept the obligation of egistered against the state of egistered against the egistered	ations of, Section 607.0505, Fig	orida Statutes. L. Registered Agent signature requ	tion's board of directors, i hereby accept the	ATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DSP	DELETE	1.1 TiTLE	TIPETTOTO, OT A TOLET TO OT TOLET	Change Addition
NAME	Parker, V. Thomas		1.2 NAME		
STREET ADDRESS	2284 S. OCEANSHORE BLVD	.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL		1.4 CITY- ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L. DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-S1-ZIP		
TITLE		L_1 DELETE	5.1 TITLE		Change Addition
NAME STREET ANDRESS			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Change C Worldoor
STREET ADDRESS					
			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. hereby c	ertify that the information supplied wi	th this filing does not qualify to	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information
officer or o	on this armual report of supplementa	i annual report is tru e and acc liver or trustee empo wered to e	urate and that my signatu	re shall have the same legal effect as if mac uired by Chapter 607, Florida Statutes; and	de under oath: that I am on