FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90232 034 ***150.00

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Mailing Address

13257 TANGERINE BLVD. .

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L85392**

1. Corporation Name

Principal Place of Business

% WARREN HAAN

BENCHMARK CONSTRUCTION & DEVELOPMENT CORP.

119 CRUISER RI		WEST PALM BEACH FL 33412 US			İ		DO NOT W	RITE IN THIS	SPACE		
US PALM D				3. Date Incorporated or Qualifed							
					"	07/02/199					l
2. Principal Pla	ace of Business	2a. Mailing Address			4	. FEI Number			$\overline{}$	Applie	d For
21		26				65-020734	14			Not A	pplicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			_	. Certifcate of	Status Desired			'5 Add	
22	general grant and an arrangement	27			3	s. Certificate of	Jiatus Desireu	· □ .	Fee	e Requi	red
City & State		City & State			6	s. Election Cam		^{ng} ⊂ T		00 ма	
23		28				Trust Fund C			_	led to F	ees
Zip	Country	Zip	Country	ý	8	, This corporat		urrent year Inta	angible □Yes		No
24	25	120	10			Personal Pro Name and A		u Posistored			NO
	9. Name and Address of Current	Registered Agent	81	Nam		, Name and A	datess of Nev	w vediareien v	-yent		
HAAH	N, WARREN										
119 CRUISER ROAD N.					et Address ((P.O. Box Numb	er is Not Acce	eptable)			
MODELL DALM DEACH EL COACO						-					
			83								
			84	City				FI	85 2	Zip Cod	:e
44 Dureuant t	o the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	e-name	d corporatio	on submits this	statement for t		 changing	a its rec	istered
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of	of Florida. Such change was aut	horized by	the co	poration's b	ooard of director	s. I hereby ac	cept the appoir	ıtment a	s regist	ered
agent. I an	n familiar with, and accept the obligati	ions of, Section 607.0505, Florid	ia Statute:	S.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Age	nt signatu	re required when	reinstating)		DATE			
12.	OFFICERS ANI		13.			ADDITIONS/C	HANGES TO	OFFICERS AN	D DIRE	CTORS	IN 12
TITLE	DP	☐ DELETE	1.1 TITLE						☐ Char	nge	Addition
NAME	HAAN, WARREN		1.2 NAME								
STREET ADDRESS	119 CRUISER RD. N.		1.3 STREE	T ADDRES	ss						
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	<u> </u>	1.4 CITY-	ST-ZIP							
TITLE	DVP	☐ DELETE	2.1 TITLE						Char	nge ;	Addition
NAME	BEHRENS, MICHAEL		2.2 NAME								
STREET ADDRESS	14 9TH KNIGHT BRIDGE LANE		2.3 STREE	TADDRES	is (
CITY-ST-ZIP	BOYNTON BEACH FL 33462		2.4 CITY-	ST-ZIP		<u> </u>					
TITLE	DT.	☐ DELETE	3.1 TITLE					•	Char	ıg e	Addition
NAME	CHASE, JEAN A.		3.2 NAME								
STREET ADDRESS	13257 TANGERINE BLVD	·•	3.3 STREE	T ADDRES	is		,		•		
CITY-ST-ZIP	WEST PALM BEHAC FL		3.4. CITY-	ST-ZIP			<u>.</u>		[] Char	200	Addition
TITLE		☐ DELETE	4.1 TITLE						U) Criai	iye i	Addition
NAME			4. 2 NAME								
STREET ADDRESS	A Charles	•		ADDRES	SS			•			
CITY-ST-ZIP ,	<u>' (3 </u>	DELETE	4.4 CITY-	ST-ZIP					Char	nne	Addition
TITLE		□ pere⊥e	5.1 TITLE 5.2 NAME	-					ب ^{5,,0}		
NAME	-			T ADDRES							
STREET ADORESS	•		5.4 CITY-		~						
CITY-ST-ZIP TITLE	·	☐ DELETE	6.1 TITLE		+				Char	nge	☐ Addition
1			6.2 NAME						_	-	
NAME STREET ADDRESS			1	T ADDRES	ss		•				
CITY-ST-7IP			6.4 CITY-								:
WILL-01-/16											

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.

SIGNATURE:

CITY-ST-ZIP