

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 048 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT
1999
 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L93560**

Corporation Name

BENEDETTI FURNITURE, INC.

Principal Place of Business
 10 COMMERCIAL WAY
 SPRING HILL FL 34606

Mailing Address
 3280 COMMERCIAL WAY
 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1990

4. FEI Number

59-3037748

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☒ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

BENEDETTI, GERARDA
 3280 COMMERCIAL WAY
 SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name **BENEDETTI, GERARDA**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS	D BENEDETTI, JOHN C 6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			1.2 NAME	
ET ADDRESS	DP BENEDETTI, GERARDA 6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			1.4 CITY-ST-ZIP	
ET ADDRESS	VDP BENEDETTI, CARMINE J 11471 SPRINGHILL DRIVE SPRINGHILL FL 34606	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			2.2 NAME	
ET ADDRESS	SD BENEDETTI, PAULINO 6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			2.4 CITY-ST-ZIP	
ET ADDRESS	TD BENEDETTI, MARIO 6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			3.2 NAME	
ET ADDRESS			3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			3.4 CITY-ST-ZIP	
ET ADDRESS			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			4.2 NAME	
ET ADDRESS			4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			4.4 CITY-ST-ZIP	
ET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			5.2 NAME	
ET ADDRESS			5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			5.4 CITY-ST-ZIP	
ET ADDRESS			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			6.2 NAME	
ET ADDRESS			6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			6.4 CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

9-17-99-352-683-4248