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

Mailing Address

5158 US HWY 19

2a. Mailing Address

Suite, Apt. #, etc.

26

NEW PORT RICHEY FL 34652-3942

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

02/09/1996

1/17/97 (813) 849-4735

3. Date Incorporated or Qualified

04/01/1993

59-3175687

4. FEI Number

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000024933 (2)

D. E. BENSON, INC.

Principal Place of Business

**NEW PORT RICHEY FL 34652** 

2. Principal Place of Business

SIGNATURE: Bolle

Suite, Apt. #. etc.

5158 US HWY 19

US

21

Suite, Apr.	#. etc.	27	Apr. #, 610.				5. Certificate of Status Desired Fee Required
City & State		City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,		8. This corporation has liability for intangible tax under s. 199.032
.4	25			30			Florida Statutes Yes No
	g. Name and Address of Currer	it Registered /	Agent	81	Na		10. Name and Address of New Registered Agent
	linka, david j			81	l Na	nie	
2312 US HIGHWAY 19					Str	eet Addre	ess (P.O. Box Number is Not Acceptable)
HOL	IDAY FL 34690			83			
				03			
				B4	Cit	у	FL 85 Zip Code
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Suc alions of, Secti	ch change was at on 607.0505, Flor	uthorized by rida Statute:	y the s.	corporatio	oration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registere ad when reinstang)  DATE
12.	Signature, typied or printed name of registered ag- OFFICERS AN	D DIRECTORS		13.	en by	lature requires	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			1.1 TITLE			☐ Change ☐ Addi
NAME	BENSON, DONALD E			1.2 NAME			
STREET ADDRESS	4948 US HIGHWAY 19			1.3 STREET	r addr	ESS	
CHTY- ST-ZIP	NEW PORT RICHEY FL 34652			1.4 C(TY - 9	ST - ZIP		
TITLE	D		DELETE	21 TITLE			Change Add
NAME	BENSON, BOBBIE J			2 2 NAME			
STREET ADDRESS	4948 US HIGHWAY 19			2 3 STREET	r addr	ESS	
CITY-ST-ZP	NEW PORT RICHEY FL 34652			2 4 CiTY-	ST-ZIF	<u> </u>	
TITLE			☐ DELETE	31 TITLE			Change Addi
NAME				32 NAME			*
STREET ADDRESS				3 3 STREET	T ADDR	ESS	
CITY - ST - ZIP				3.4. CiTY-	ST - ZIF	·	
TITLE			DELETE	4.1 TITLE			Change Addi
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE			
CITY - ST - ZIP			December	4.4 CITY -	ST-ZIP		Change Add
THTLE			DELETE	5.1 TITLE			Cl cyande C von
NAME				5.2 NAME	T (DOE		
STREET ADDRESS				5.3 STREET			
City - St - ZiP			DELETE	5.4 CITY-1 6.1 TITLE	SI-ZIP	-	Change Add
TITLE			occur	62 NAME			Lim Vitality Employee
NAME				63 STREE		iree	
STREET ADDRESS				6.4 CITY-		- 1	
CITY-ST-ZIP	by certify that the information supplie	ed with this filin	g does not qualif	v for the exc	emot	on stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this annual report or officer or director of the corporation c	supplemental a r the receiver o	annual report is tr	ue and acc ered to exe	urale	and that	t my signature shall have the same legal effect as if made under oath; rt as required by Chapter 607, Florida Statutes; and that my name