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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90026 034 ***158.75

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1. Corporation Name

CITY-ST-ZIP

	BEN CORPORATION									
Principal Place	o of Business	Mailing Address				E HORALOUR HAD HAIRE HEEL BEALL BEALLE B		I BIBBI BIKI BRIBB		
	,	4391 COLONIAL BLVD								
391 COLONIAL Unit 7	L BEAD	UNIT 7								
FT MYERS FL 3	33912 [^]	FT MYERS FL 33912				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
						06/21/1993				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21	26					65-0479433		No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Y	\$8.75	Additional	
22		27				5. Certifcate of Status Desired	X	Fee Re	equired	
City & State	6	City & State				6. Election Campaign Financing		\$5.00	May Be	_
23		28		·		Trust Fund Contribution		Added t		_
Zip	Country	Zip	Cour	try		8. This corporation owes the cur	rent year li	ntangible		
24	25	29	30			Personal Property Tax.		☐ Yes	□No	
- ` 	9. Name and Address of Current		<u> </u>			10. Name and Address of New	Registere	d Agent		
	(Name					}	
L DALL	LAS, EDWAND JR .		.	32 Street	Addroc	s (P.O. Box Number is Not Accept	able)			
	74 SAN CARLOS BLVD: \	avau		Street /	Addres	is (F.O. Box Number is Not Accept	able)		j	
- SUIT	TE 202 \	(000)	- 1	33						
-F0R	T MYERS BEACH FL 3393T) –	1							
				City			F	85 Zip (Code	
11 Durewant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	es the ab	ove-named	corpor	ation submits this statement for the	purpose o	of changing its	registered	
office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was a	uthorized	by the corpo	oration	's board of directors. I hereby acce	pt the app	ointment as re	gistered	
•	m ramiliar with, and accept the obligation	ons of, Section 407.0505, Fig	nua Statu	5 3.			•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	gent signature n	equired w	rhen reinstating)	DATE			á
12.	Signature, typed or printed name of registered agent OFFICERS AND		: Registered /	gent signature re	required w	when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	ć
					equired w			ND DIRECTO	RS IN 12	60,72
12.	OFFICERS AND	DIRECTORS	13.	Ε	equired w					(00,77)
12. TITLE NAME	OFFICERS AND P SHACHAF, ARIEL	DIRECTORS DELETE	13. 1.1 TITI 1.2 NAJ	Ε	equired w					(00, 77, 700)
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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.

6.4 CITY-ST-ZIP

SIGNATURE