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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057784

1. Corporation Name

BEN POI	rter construction, inc).						
	(B)	Adulia Addana				ON BRINE BRIDE BIEN I		iiii bibi (Egi
Principal Place		Mailing Address						
4455 HUNTINGTON CR. 4455 HUNTINGTON CR. NICEVILLE FL 32578 NICEVILLE FL 32578								
US	12378	US			DO NOT WRI	TE IN THIS SP	ACE	
00		00			3. Date Incorporated or Qualifed			
					08/12/1993			1
2 2	de la Signa de la Companya de la Com	2a. Mailing Address			4. FEI Number	-	Ann	lied For
⊢ '	lace of Business	<u> </u>					\vdash	Applicable
21		26			59-3208971			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		8.75 A Fee Red	
22		27						
City & Stati	e = ==================================	City & State			6. Election Campaign Financing		\$5.00	· .
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the curr			_
24	25	293			Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New I	Registered Age	ent	
			81	Name				
	ter, ben		82	Ctropt Add	ress (P.O. Box Number is Not Accept	able)		
4455	HUNTINGTON CR.		02	Street Addr	ress (P.O. Box Number is Not Accept	abie)		
NICE	VILLE FL 32578		83			_		
ĺ			84	City		FL	35 Zip C	ode
	·							
						: DULGUSE OLGIC	nighiy no i	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized by da Statutes.	-named corp the corporation	on's board of directors. I hereby acce	pt the appointm	ent as reg	istered
11. Pursuant office or re agent. I a SIGNATURE						_	ent as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Agen		ad when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agen			DATE FICERS AND D	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS ANI	nt and title if applicable. (NOTE: F	13.		ad when reinstating)	DATE FICERS AND D		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN PD PORTER, BEN	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	it signature require	ad when reinstating)	DATE FICERS AND D	DIRECTOR	RS IN 12
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CITY-ST-ZIP 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: