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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

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Mar 24 1998 8:00am

Secretary of State

he same legal effect as if made under oath; that I am an ter 607, Florida Statutes; and that my name appears in

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000023110 (7) **DOCUMENT** #

BENIC INTERIORS, INC. Principal Place of Business Mailing Address C/O PINO 2101 W ATLANTIC BLVD 2101 W ATLANTIC POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 03/22/1994 2. Principal Place of Business 2a, Mailing Address Applied For 65-0477579 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζıρ 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent LAWSON, MARTIN 2592 SE HALLAHAN ST 82 PORT ST LUCIE FL 34952 83 84 ation submits this statement for the purpose of changing its registered a's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of, S MESMITA quired when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change Addition 1 1 TITLE TITLE PINO-SMITH, ELIZABETH E NAME 1.2 NAME 2101 W ATLANTIC BLVD 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not queltly for the exemption indicated on this annual report or suppliemental annual report is true and accurate and trailing officer or director of the corporation or the receiver or trustee empowered to execute this test 11907(3)(i), Florida Statutes. I further certify that the information

Block 12 or Block 13 if changed, or on an attachment with an address. 11/98 /954)971-0997