FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400063490 (4)

BENCHMARK MANUFACTURING, INC.

Principal Place of Business Mailing Address

6860 EDGEWATER COMMERCE PARKWAY. #400
ORLANDO FL 32810

Mailing Address

6880 EDGEWATER COMMERCE PARKWAY. #400
ORLANDO FL 32810



ORLANDO FL 32810		ORLANDO FL 32810			
				3. Date Incorporated or Qualified 08/18/1994	3a. Date of Last Report 04/26/1995
Principal Ptace of Business The Principal Ptace of Business		2a. Mailing Addres	ss	4. FEI Number 59-3261617	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt #, ε	etc	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7 _{IP}	Gountry 30		□No
<u> </u>	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	R, DOUGLAS L		82 Street Addr	ress (P.O. Box Number is Not Acceptable	le)
6860 E	EDGEWATER COMMERCE PAR	KWAY, #400			·
ORLAN	IDO FL 32810		83		
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607, 1508, Florida :	Statutes, the above named corpor	ration submits this statement for the purp	nose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Ho in, and accept the obligations of, Se	o⊷Ti. Sur 7 hange was at iction 6070505, Florida St	ithorized by the colporation's boar atutes:	rd of directors. Thereby accept the appo	pintment as registered agent. I am
SIGNATURE _	102 Ean	el-	ib. 11. Feed to sel April supplies require	4/2	4/96
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 19
Title	D	[] DELETO		7.55116113/0/1/1/023 10 0171	Change Addition
MAME	ZANDER, DOUGLAS L		1.2 NAM :		
STREET ADDRESS	6860 EDGEWATER COMM	IERCE PARKWAY, #40			
01" y - \$1 - ZIP	ORLANDO FL 32810		1.4 CITY - ST - 7IF		·
TITLE		DELETI			Change Addition
NAME			2 2 NAM		
STREET ADDRESS			2.3 STRE/T ADDRESS		
CITY-ST-ZIP			2.4 CHTV ST-ZIP		
TITLE		DELET			Change Addition
NAME			3.2 NAM		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - \$1 - 21P			34 CITY ST-7/P		
TITLE		DELETE			Change Addition
NAME			4.2 NAM·		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST- ZIP			4.4.0.TY ST-21P		
ThTLE		[] DELETE			Change Addition
NAME			5.2 NAMI		
STREET ADDRESS			5.3 STRE IF ADDRESS		
CiTY - ST - ZiP			5.4 CITY ST-ZIP		
THLE		DELETE			Change Addition
NAME		_	6 2 NAME		<u> </u>
STREET ADDRESS			6.3 STRE: T ADDRESS		
C(TY - ST - Z(P			6.4 CITY S7-ZIP		
	cortify that the information supplies	Nu ito tais famous wed-astari	5 4 Cliff Si - Zlif	and the second and th	2704 5 1 0

In a one-reory certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in 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 the intachment with an address

SIGNATURE:

OLZONAL POUGUS C. ZINDER

4/24/46 (407) 295-8350