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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P9400063490**

Suite, Apt. #, etc.

City & State

22

23

24

Zip

BENCHMARK MANUFACTURING, INC.					
Principal Place of Business	Mailing Address				
603 CENTRAL PARK DRIVE SANFORD FL 32771	603 CENTRAL PARK DRIVE SANFORD FL 32771				
2. Principal Place of Business	2a. Mailing Address				

27

28

Suite, Apt. #, etc.

City & State

29 9. Name and Address of Current Registered Agent

ZANDER, DOUGLAS L **603 CENTRAL PARK DRIVE** 

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90033 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intengible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

08/18/1994 4. FEI Number

59-3261617

			l l	Property of the State of the St		
SAN	FORD FL 32271		83			
			84 City	The State of the S	85 Zip C	ode
<ul> <li>office or re</li> </ul>	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of,	a. Such change was at	uthorized by the corporation	poration submits this statement for the on's board of directors. I hereby accer	purpose of changing its ot the appointment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE:	Registered Agent signature require	ed when reinstating) (	DATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	1 12	☐ Change	☐ Addition
NAME	ZANDER, DOUGLAS L		1.2 NAME			
STREET ADDRESS	603 CENTRAL PARK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		,	
TITLE	OF THE OTHER PERSONS	☐ DELETE	2.1 TITLE	•	Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	:	•	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	م العربي 4 راځوون	er er er er er er	*
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TITLE		☐ DELETE	4.1 TITLE	in the state of	Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		····	
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		-	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAMÉ	•		6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS		:	٠.
C(1Y-ST-ZIP			6.4 CITY-ST-ZIP		I further certify that the in	

Country

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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.

SIGNATURE:

Douglas L. Zander

1/28/99 (407) 321-2700