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

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

23

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072772 (4)

BENCHMARK REMODELING AND ROOFING. INC.

Country

9. Name and Address of Current Registered Agent

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WEST PALM BEACH FL 33405

WARING, CHAS. W 234 ARLINGTON ROAD

3091 LAKEWORTH ROAD 234 ARLINGTON ROAD LAKEWORTH LF 33461 WEST PALM BEACH FL 33406-5012 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1994 06/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0525328 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing

Mailing Address

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City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Storida Statutes.

Country

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Name

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition THUE 1.1 TITLE WARING, CHAS. W 1.2 NAME R2E034 NAME 234 ARLINGTON ROAD STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33405** 1.4 CITY - ST - ZIP CITY-ST-ZIF Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 1016 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST 7P DELETE Change Addition THILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP CITY-\$1-712 DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-20 5.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 City-St-ZiP City-St-2IP

14. I do 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 efficer 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 Changed, or on an attachment with an address appears in Block 12 or B

SIGNATURE

FILED

Apr 10 1997 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

This corporation has liability for intangible tax under s. 199.032,

Name and Address of New Registered Agent

Yes No

Trust Fund Contribution

Florida Statutes

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