

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Medlam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058211 (0)**

1. Corporation Name
BENO'S MECHANIC MASTERS, INC.



Principal Place of Business: **1290 DOYLE ROAD DELTONA FL 32725**
Mailing Address: **1290 DOYLE ROAD DELTONA FL 32725**

2. Principal Place of Business
21 State Apt #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 State Apt #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified: **07/26/1995**
3a. Date of Last Report
4. FL Number: **59-3334188**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**VELEZ, BENITO
1290 DOYLE ROAD
DELTONA FL 32725**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, BENITO	12 NAME	
STREET ADDRESS	1290 DOYLE ROAD	13 STREET ADDRESS	
CITY-STATE-ZIP	DELTONA FL 32725	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		30 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the return of said information to the state is not the responsibility of me, but of the corporation and I declare and I certify 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 resident or business owner and I am required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am a director or an officer of the corporation.

SIGNATURE: *Benito Velez* **BENITO VELEZ** *2/23/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)