


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

03503

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90045 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000065867					
1. Corporation Name BENSON DEVELOPMENT, INC.					
Principal Place of Business 500 SOUTH BEACH ROAD HOBE SOUND FL 33455			Mailing Address 500 SOUTH BEACH ROAD HOBE SOUND FL 33455		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0620631	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BENSON, GERDA 500 SOUTH BEACH ROAD SUITE 112 HOBE SOUND FL 33455				10. Name and Address of New Registered Agent	
				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 607.0502 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, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DP	BENSON, JAMES	500 SOUTH BEACH ROAD HOBE SOUND FL 33455	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DVP	BENSON, RICK	7515 YACHT CLUB VILLAS HILTON HEAD ISLAND SC 29928	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	DVP	BENSON, ROB	P.O. BOX 6537 (NA) HILTON HEAD ISLAND SC 29938	2.2 NAME C/O HAZARD CONTROL TECHNOLOGIES, INC.	
	S	BENSON, SANDY	P.O. BOX 6537 (NA) HILTON HEAD ISLAND SC 29938	2.3 STREET ADDRESS 150 WALTER WAY	
	T	BENSON, GERDA	500 SOUTH BEACH ROAD HOBE SOUND FL 33455	2.4 CITY-ST-ZIP FAYETTEVILLE, GA 30214	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

14. I 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 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: X *Gerda Benson* SIGNATURE: *GERDA BENSON* X 3-15-99 561 546-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)