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

Mailing Address

150-28

5850 LAKEHURST DR

ORLANDO FL 32819

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073256

Principal Place of Business

5850 LAKEHURST DR

BENROS INTERNATIONAL PRODUCTIONS, INC.

ORLANDO FL 32819		ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 09/20/1995			
	- FD win	2a. Mailing Address			4. FEI Number	Applie	d For	
2. Principal Pla	ace of Business	¬ •			59-3335628	Not A	pplicable	
21	L =40	Suite, Apt. #, etc.	Suite Ant # etc.		<u> </u>	8.75 Add	itional	
Suite, Apr. #, etc.					5. Certifcate of Status Desired	Fee Requi	red	
					6. Election Campaign Financing	\$5.00 Ma	v Be	
City & State		28			Trust Fund Contribution	Added to F		
23	Country	Zip	Country	·	8. This corporation owes the current year Intangi	ble	/	
Zip		29 30	, '	•		Yes 🕏	No	
24	9. Name and Address of Current	1201			10. Name and Address of New Registered Age	ent		
	5. Name and Address of Curron	i cogioco i o cogioco	81	Name				
ROSSI, BENNY			_		(D.O. Day Number in Not Accordable)	,		
	0	82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
	L'AKEHURST DRIVE SUITE 150-3 ANDO FL 32819	•	83			* * * * * * * * * * * * * * * * * * * *		
One	1100 12 02010			1			1 1 1 1 1 1	
			84	City	FL ⁸	Zip Cod	le l	
				l		naina its rea	ristered	
					poration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointment	ent as regis	tered	
office of re	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	s.				
CICNATURE								
SIGNATURE	Signature, typed or printed name of registered agent			ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	NDECTORS	: INI 12	
12.	OFFICERS AND		13.			Change	Addition	
TITLE	DPT	☐ DELETE	1.1 TITLE			Johango		
NAME	ROSSI, BENNY		1.2 NAME					
STREET ADDRESS	8978 BIRKDALE LANE		1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	ST-ZIP		1 Channe	Addition	
TITLE	DS	☐ DELETE	2.1 TITLE	•	L] Change	Addition	
NAME	ROSSI, VICTORIA B		2.2 NAME				ĺ	
STREET ADDRESS	8978 BIRKDALE LANE		2.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	-ST-ZIP				
TITLE	DVP	☐ DELETE	3.1 TITLE] Change	Addition '	
NAME	ROSSI, CHRISTOPHER M		3.2 NAME	:		•	,	
STREET ADDRESS	8978 BIRKDALE LANE		3.3 STRE	ET ADDRESS			*.	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY	-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		1	
TITLE	DVP	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	ROSSI, RYAN C		4. 2 NAM	E				
	8978 BIRKDALE LANE		4.3 STRE	ET ADDRESS				
STREET ADDRESS	ORLANDO FL		4.4 CITY-					
CITY-ST-ZIP	UNLANDO FE	DELETE				Change	Addition	
TITLE			5.1 TITLE 5.2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS			5.4 CITY-	I				
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Addition	
TITLE			6.2 NAME	i		-		
NAME	<u> </u>			ET ADDRESS				
STREET ADDRESS		X		I .				
CITY-ST-ZIP	/ · · ·	//	6.4 CITY-	-51-ZIP				

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90010 040 ***150.00



14. I hereby certify that the information supplied with the filling 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 of 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: