

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000083717 (5)

1. Corporation Name

BENCHMARK DIVERSIFIED, INC.



Principal Place of Business

18314 AINTREE COURT  
TAMPA FL 33647

Mailing Address

18314 AINTREE COURT  
TAMPA FL 33647

2. Principal Place of Business

21 3301 Belle Shadow Lane

Suite, Apt. #, etc.

22

City & State

23 Tampa, Florida

Zip

24 33634

Country

2a. Mailing Address

26 P.O. Box 20744

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33622-0144

30 Country

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

NONE

4. FEI Number

59-3342072

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Kenneth C. Suarez

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

3301 Belle Shadow Lane

83

84 City

Tampa

FL

85 Zip Code

33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-electing)

3-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME SUAREZ, KENNETH C  
STREET ADDRESS 18314 AINTREE COURT  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth C. Suarez President

3-8-96

813-243-0516

Day

Daytime Phone

CR2E034 (12/95)