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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90032 016 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000088983**

1. Corporation Name
C. S. BENSCH, INC



Principal Place of Business	Mailing Address
8650 NW 178TH ST MIAMI FL 33015 US	8650 NW 178TH ST MIAMI FL 33015 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4910 S.W. 201 TER	26 4910 S.W. 201 TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 FT. LAUDERDALE, FL.	28 FT. LAUDERDALE, FL.
Zip Country	Zip Country
24 33332 25	29 33332 30

3. Date Incorporated or Qualified	Applied For
11/20/1995	Not Applicable
4. FEI Number	Applied For
65-0657404	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VEREBAY, LAYNE
190 N.E. 199TH STREET #204
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name **C. Scott Bensch**
 82 Street Address (P.O. Box Number is Not Acceptable)
4910 S.W. 201 Terrace
 83
 84 City **Fl. Lauderdale FL** 85 Zip Code **33332**

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 **C. Scott Bensch, President** *[Signature]* **2/10/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	BENSCH, C S	
STREET ADDRESS	8650 NW 178TH ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUINTON, MICHAEL	
STREET ADDRESS	8650 178TH ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C.S. Bensch	
1.3 STREET ADDRESS	4910 SW 201 Terrace	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33332	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Quinton	
2.3 STREET ADDRESS	4910 SW 201 Terrace	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33332	
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: **C. Scott Bensch** *[Signature]* **2/10/99 954-680-4994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)