

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000011649

1. Corporation Name
BENSON, LITZ, INC.

Principal Place of Business

Mailing Address

~~2884~~ LORIMIER TERRACE
JACKSONVILLE FL 32207

~~2884~~ LORIMIER TERRACE
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21 822 Fountain Drive
Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State
23 Amelia Island, FL
Zip Country
24 32034 25

27 City & State
28 Amelia Island, FL
Zip Country
29 32034 30

9. Name and Address of Current Registered Agent

LITZ, RORY
~~2884~~ LORIMIER TERRACE
JACKSONVILLE FL 32207

81 Name

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

83 822 Fountain Drive

84 City

Amelia Island

FL

85 Zip Code

32034

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

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

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LITZ, RORY
STREET ADDRESS ~~2884~~ LORIMIER TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32207
[] DELETE

TITLE D
NAME LITZ, SANDRA
STREET ADDRESS ~~2884~~ LORIMIER TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32207
[] DELETE

TITLE D
NAME BENSON, DARLENE L
STREET ADDRESS 12 REDCEDAR RD
CITY-ST-ZIP FERNANDINA BEACH FL
X DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIP Resident X Change [] Addition

12 NAME 822 Fountain Drive

13 STREET ADDRESS Amelia Island, FL 32034

14 CITY-ST-ZIP D / Secretary Treasurer X Change [] Addition

21 TITLE 822 Fountain Drive

22 NAME Amelia Island, FL 32034

23 STREET ADDRESS [] Change [] Addition

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002929681--0

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****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RORY LITZ

Date

904 277 4777

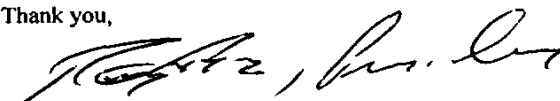
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CR2E034 (11/98)

We are asking for consideration to waive the late penalty due to unforeseen circumstances. My wife/bookkeeper was in intensive care with heart problems relating to neck surgery prior to that.

Thank you,

A handwritten signature in black ink, appearing to read "Rory Litz", written in a cursive style.

Rory Litz

904-277-4777