

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90286 038 ***150.00

DOCUMENT # P96000054305

1. Corporation Name
BENGAL PROPERTIES, INC.

Principal Place of Business

3811 SAN JUAN ST.
TAMPA FL 33629

Mailing Address

3811 SAN JUAN ST.
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

59-3394521

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 4600 W. KENNEDY BLVD.

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 TAMPA, FLORIDA 33609

Zip

24 33609

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 18593

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL 33679

Zip

29 33679

Country

30 U.S.

9. Name and Address of Current Registered Agent

SALEM, ALBERT M III
3811 SAN JUAN ST.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

SALEM, ALBERT M. III

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

4600 W. KENNEDY BLVD

83

SUITE 100

84 City

TAMPA

FL

85 Zip Code

33609

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.27.99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SALEM, ALBERT M III
STREET ADDRESS 4600 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

TITLE VD ☒ DELETE

NAME STEWART, SANDRA V
STREET ADDRESS 3811 SAN JUAN ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRES. & TREASURER ☐ Change ☒ Addition

1.2 NAME RANDO STEWART, III
1.3 STREET ADDRESS 4600 W. KENNEDY BLVD
1.4 CITY-ST-ZIP TAMPA, FL 33609

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27.99 (813) 286-3000

CR2E034 (1/98)

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