

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  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90012 027 \*\*\*150.00

DOCUMENT #

1. Corporation Name

Jayne S. Benjamin P.A. ✓

Place of Business

Mailing Address

10660 Maple Chase Dr  
Boca Raton FL 33498

SAME

DO NOT WRITE IN THIS SPACE

Place of Business

2a. Mailing Address

10660 Maple Chase Dr

26 SAME

Apt #, etc.

27 Suite, Apt. #, etc.

Boca Raton

28 City & State

State  
FL

29

Country

Zip

Country

498

25

29

30

3. Date Incorporated or Qualified

8/5/96

4. FEI Number

65-0685570 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

85

Zip Code

86

City

87

City

88

City

89

City

90

City

In accordance with 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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

President  
Jayne S. Benjamin  
10660 Maple Chase Dr.  
Boca Raton FL 33498

☐ DELETE

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10660 Maple Chase Dr.

Boca Raton FL 33498

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11

TITLE

☐ Change

☐ Addition

12

NAME

13

STREET ADDRESS

14

CITY-ST-ZIP

21

TITLE

☐ Change

☐ Addition

22

NAME

23

STREET ADDRESS

24

CITY-ST-ZIP

31

TITLE

☐ Change

☐ Addition

32

NAME

33

STREET ADDRESS

34

CITY-ST-ZIP

41

TITLE

☐ Change

☐ Addition

42

NAME

43

STREET ADDRESS

44

CITY-ST-ZIP

51

TITLE

☐ Change

☐ Addition

52

NAME

53

STREET ADDRESS

54

CITY-ST-ZIP

61

TITLE

☐ Change

☐ Addition

62

NAME

63

STREET ADDRESS

64

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

Jayne S. Benjamin 4/25/99 561-479-1845

Date

Daytime Phone #

CR2E034 (11/98)