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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087430 (0)

BENCHMARK SERVICES INCORPORATED

Principal Place of Business

Mailing Address

FILED Sep 02 1997 8:00am Secretary of State



POST OFFICE BOX 550165 FORT LAUDERDALE FL 33355		POST OFFICE BOX 550185 FORT LAUDERDALE FL 33355-0185							
					3. Date Incorporated or Qualified 10/23/1996	3a. Date of Last Report			
	lace of Business	2a. Mailing Address			4. FEI Number	.1	A	pplied For	1
			FS TH	GREAD	EIN 65.070300	10/		lot Applicable	1
Suite, Apt.	on Pla	Suite, Apl. #, etc.			5. Certificate of Status Desired	Ø		Additional lequired	
City & State		28 Weston Fla			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24 3337					8. This corporation has liability for intangible tax onder s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent					
STONE, PAUL A				1 Name	·				
1818 MIRA VISTA CIRCLE FORT LAUDERDALE FL 33327			8	82 Street Address (P.O. Box Number is Not Acceptable)					
			8:	3		<u></u>			1
	_		8-	4 City		FL	85 Zip	Code	1
11. Pursuant i	to the provisions of Sections 607.0502 egistered eyen. John in the State of	, the abo	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept		hanging in	its registered s registered	1	
SIGNATURE	- I all INO P.	aul Siune			pired whon reinstating)	8/	26/9	7	
12.	Signature, typed of printed name of registered agent		13.	gent signature requ	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	16
TITLE	D	DELETE	1.1 TITLE				Change	Addition	8
NAME	STONE, PAUL A	1.2 NA		:					15
STREET ADDRESS	1616 MIRA VISTA CIRCLE		1.3 STREE	ET ADDRESS					Š
CITY-ST-ZIP				-ST - ZIP					ျှင်
TITLE	D_	DELETE 2.1 TI				L	Change		۲
NAME	ARRAGAMINI AN EN ANDE		2.2 NAME	ì					ļ
STREET ADORESS	MALK PL AGGE			ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33055 2 40			-ST-ZIP			Change	Addition	┨
TITLE NAME						L	Change	Auuvuvii	ļ
STREET ADDRESS			3.2 NAME	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY						
TITLE		DELETE	4.1 TITLE				Change	Addition	1
NAME			4.2 NAM	E]					Ì
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	·ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	1
NAME			5.2 NAME	:					
STREET ADDRESS			5.3 STREE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					Ţ
TITLE		☐ DELETE	6.1 TITLE			I	Change	☐ Addition	
NAME			62 NAME		•				1
STREET ADDRESS			1	ET ADDRESS					1
CITY-ST-ZIP		VI 11-1- (08	6.4 CITY-	ST-ZIP	dia Castan (40 07/01/0) Elected Co.				1

4. I do 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 is for 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 of the deposition of the

0.71.02