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FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000087430 (0)**

1. Corporation Name  
**BENCHMARK SERVICES INCORPORATED**

Principal Place of Business

1616 MIRA VISTA CIR  
WESTON FL 33327  
US

Mailing Address

1616 MIRA VISTA CIR  
WESTON FL 33327  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

65-0703006

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 or has paid the current year Intangible  
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21 1616 Mira Vista Circle  
Suite, Apt #, etc.

22 Same as above  
City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STONE, PAUL A  
1616 MIRA VISTA CIRCLE  
FORT LAUDERDALE FL 33327

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
0  
STONE, PAUL A  
1616 MIRA VISTA CIRCLE  
FORT LAUDERDALE FL 33327

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
0  
KWIATKOSKI, ROBERT  
17902 N.W. 48 PLAGE  
MIAMI FL 33055

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0305866

CR2E034 (10/97)