

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90066 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000096601**

1. Corporation Name  
**BENJAMIN ROAD PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 11433 GEROGETOWN CIRCLE  
 TAMPA FL 33635  
 US

Mailing Address  
 11433 GEROGETOWN CIRCLE  
 TAMPA FL 33635  
 US

3. Date Incorporated or Qualified  
**11/27/1996**

4. FEI Number  
**59-3422929**

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 **5706 IMPERIAL Key**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **- SAME -**  
 Suite, Apt. #, etc.

22 City & State  
 23 **Tampa FL**

24 Zip **33615** 25 Country **U.S.**

9. Name and Address of Current Registered Agent  
**VITKUSKE, KENNETH**  
 11433 GEORGETOWN CIRCLE  
 TAMPA FL 33635

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5706 IMPERIAL Key**  
 83  
 84 City **TAMPA** 85 Zip Code **FL 33615**

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]* DATE **1-24-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VITKUSKE, KENNETH</b>	1.2 NAME	
STREET ADDRESS	<b>11433 GEORGETOWN CIRCLE</b>	1.3 STREET ADDRESS	<b>5706 IMPERIAL Key</b>
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	1.4 CITY-ST-ZIP	<b>TAMPA FLORIDA 33615</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VITKUSKE, CHRISTINE</b>	2.2 NAME	
STREET ADDRESS	<b>11433 GEORGETOWN CIRCLE</b>	2.3 STREET ADDRESS	<b>5706 IMPERIAL Key</b>
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	2.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE **1-24-99** Daytime Phone # **813-814-2143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)