## 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 01, 1999 8:00 am Secretary of State

04-01-1999 90098 050 \*\*\*158.75

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## DOCUMENT # P9700001663

BENDRICKS INTERNATIONAL CORPORATION

Principal Place	of Business	Mailing Address		
7220 NW 36 STREET		7220 NW 36TH STREET		•
632		632		DO NOT WRITE IN THIS SPACE
		MIAMI FL 33166-9999 US		3. Date Incorporated or Qualified
us		US		01/02/1997
2 Dringing Di	and of Pulpippes	2a. Mailing Address		4. FEI Number Applied For
<b>⊢</b> ¬ ·	ace of Business	26 Walling Address		65-0721146 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8:75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
WILEY, BENNIE L JR			82 Street	t Address (P.O. Box Number is Not Acceptable)
12295 SW 151 STREET #213			<u> </u>	
MAIM	AI FL 33186		83	
			84 City	85 Zip Code
Ì				FL <sup>13</sup> 2p 3000
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 egent, 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, Sections 607,0505, Florida Statutes.				
SIGNATURE	Bennie o	Willey b.		
	Signature, typed or printed name of registered agent			o required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND BIRCOTON IN 12
TITLE	D NAME OF DEADNIE L. ID	- DEEE IE	1.2 NAME	
NAME	WILEY, BENNIE L JR	)	1.3 STREET ADDRESS	,
STREET ADDRESS	12295 SW 151 STREET #213			
CITY-ST-ZIP	MIAMI FL 33186	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	GRIFFEN. FREDERICK	(	2.2 NAME	2280 Sherman Ciacle NORTH MIT ZOW, FL 33025
NAME			2.3 STREET ADDRESS	2280 Thomas water NOR/IT
STREET ADDRESS	3372 NW 118 TERRACE		2.4 CITY-ST-ZIP	2025
TITLE	OFA LOCKA FL 33030	DELETE	3.1 TITLE	Change Addition
			3.2 NAME	
NAME ADDRESS			3.3 STREET ADDRESS	s
STREET ADDRESS		J	3.4. CITY-ST-ZIP	`
TITLE	<del>_</del>	☐ DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
l			4.3 STREET ADORES	s
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
1			5.3 STREET ADDRESS	s
STREET ADDRESS			5.4 CiTY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
I ream }			6.3 STREET ADDRESS	

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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**