

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90076 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000018035**

1. Corporation Name  
**BENEMODA CO. INTERNATIONAL INC.**

Principal Place of Business  
**12908 AIRWAY STREET  
PANAMA CITY FL 32404-2833**

Mailing Address  
**12908 AIRWAY STREET  
PANAMA CITY FL 32404-2833**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/26/1997</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0745279</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>YOUNG, JUDITH C 12908 AIRWAY STREET PANAMA CITY FL 32404-2833</b>				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	

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

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	YOUNG, DAVID F		
STREET ADDRESS	12908 AIRWAY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404-2833	1.4 CITY-ST-ZIP	
VP	YOUNG, JUDITH C	2.1 TITLE	
STREET ADDRESS	12908 AIRWAY STREET	2.2 NAME	
CITY-ST-ZIP	PANAMA CITY FL 32404-2833	2.3 STREET ADDRESS	
VPST	HUGHEY, BONNIE J	2.4 CITY-ST-ZIP	
STREET ADDRESS	18495 S. DIXIE HWY., B102	3.1 TITLE	
CITY-ST-ZIP	MIAMI FL 33157	3.2 NAME	
VP	FEDELL, KATHY A	3.3 STREET ADDRESS	
STREET ADDRESS	8001 S. ORANGE BLOSSOM TR., STE 516	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32809	4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

(850) 871-2911

CR2E034 (11/98)