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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortkåm

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000026537 (5)

BENCHMARK BUSINESS SYSTEMS II, INC.

**FILED** Jul 07 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			- 1 remissat ita intil 1901: Autri Baiti Beiti Batil 11816 Atlat Atlat 11511 5851 5861	
3901 S.W. 47TH AVENUE		3901 S.W. 47TH AVE	3901 S.W. 47TH AVENUE				
SUITE 407		SUITE 407					
FORT LAUDERDALE FL 33314		FORT LAUDERDALE	FORT LAUDERDALE FL 33314			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 03/25/1997	
<u> </u>	face of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0738/65 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	25   29   3   Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No	
				81	l Name	10. Name and Address of New Registered Agent	
	LAN, JUDITH A ESQ.		81 Name		Name		
	021 PINES BOULEVARD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ITE 205						
PEI	MBROKE PINES FL 33024			83			
	ī			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 purcose of phonoing 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 a	agent and title if applicable (	NOTE: Rogistore	ed Age	n: signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DETEAE	1.1 T	IILE		☐ Change ☐ Addition	
NAME	MEIMAN, SHAWN		1.2 N	IAME			
STREET ADDRESS	<b>39</b> 01 S.W. 47TH AVENUE, 3		1.3 \$	TAEET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333	314	1.4 C	(TY-\$	I - ZIP		
TITLE		DELETE				☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3.5	TREE1.	ADDRESS		
City-St-ZIP			2. 4 CI				
TITLE		DELETE				Change Addition	
NAME			3.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				HY-S	* *		
TITLE		DELETE	4.1 11		1 4 11	☐ Change ☐ Addition	
NAME			4. 2 N			Constraint Constraint	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	:					•	
TITLE		7.5.55		TY - \$1	- ZIP	Change	
NAME		_ ottile	5.1 TI			L.J Change L. Addilion	
			5.2 N/				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE		TY-ST	- ZIP		
TITLE		L_I DELETE	6 1 T/			Change Addition	
NAME			62 N				
STREET ADDRESS			6.3 ST	REET A	ADDRESS	900002582559 -07/08/9801016033	

14. Thereby 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 supplied 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 corporat officer or director of the corpora Block 12 or Block 13 if changed