Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90015 043 ***150.00

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

DOCUMENT # P97000051933

1. Corporation Name

BENFOR	ID DEVELOPMENT, INC.						
Principal Place	e of Business	Mailing Address				EL BYIÐI MEIÐ IÐIÐ	.E 31188 ISH 1881
4355 TURNER RD					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 06/11/1997		,
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3453340	<u> </u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Fee R	Additional equired
City & State	e	City & State		 -	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Count	try	8. This corporation owes the current year	Intangible	
24	25 29 30		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			8	Name			í
BENOIT, CAROLYN F			1	32 Street Ad	dress (P.O. Box Number is Not Acceptable)		
4355 TURNER RD MULBERRY FL 33860			إ				
MUL	DERNY PL 33000		18	33	<i>'</i> .		
			8	34 City	F	85 Zip	Code
office or re	to the provisions of Sections our set egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age	e of Florida. Such change was a lations of, Section 607.0505, Flo	uthorized t rida Statut	oy the corpora es.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the apparent of the purpose irred when reinstating) DATE		egistered
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	. 1.1 TITLI	Ē		☐ Change	☐ Addition i
NAME	BENOIT, CAROLYN F		1.2 NAM	E			ļ.
STREET ADDRESS	4355 TURNER RD		13 STR	EET ADDRESS		•	
CITY-ST-ZIP	MULBERRY FL 33860			-ST-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITL	E		☐ Change	Addition
NAME	BENOIT, ROBERT B		2.2 NAM	E	•		
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860			r-ST-ZIP	2 7 7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		T A LECT
TITLE		☐ DELETE	3.1 TITL			☐ Change	☐ Addition
NAME			3.2 NAM				Ì
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			_	/-ST-ZIP		☐ Change	Addition
TITLE		□ pere≀e	4.1 TITL	1		□ Change	
NAME			4. 2 NAN	1	,		
STREET ADDRESS				EET ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITU			Change	Addition
TITLE			5.1 THE			_ onunge	
NAME STREET ADDRESS				EET ADDRESS			
STREET ADDRESS			54 CITY				
CITY-ST-ZIP '		☐ DELETE	6.1 TITL			Change	Addition
NAME		_ :-	6.2 NAM	E		_ ,	. –
			63 STR	FET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

Marekell, 1999