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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081362 (0)

EARL BENJAMIN & COMPANY, INC.

Princ	ipal	Pla	ce of	Business
467	U.S.	27	NOR	TH

Mailing Address

FILED May 14 1998 8:00am Secretary of State



LAKE PLACID FL 33852		LAKE PLACID FL 33852					
				DO NOT WRITE IN THIS SPAC	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified			
				09/19/1997			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3472189	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional			
City & State		City & State			Fee Required		
23		28			55.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current			
24	25	29	30	Personal Property Tax due June 30.			
	9. Name and Address of Curre		[00]	10. Name and Address of New Registered Ager			
GR/	YDON, STEVEN R		81 Name	ta. CCI III.			
467 U.S. 27 NORTH			Jettey > . Schelling				
	E PLACID FL 33852		82 Street	Address (F.O. Box Number is Not Acceptable)	6 103		
-			83	11 211-201 2010 201			
			84 City	Nones FL 85	Zip Code		
11. Pursuant to	the provisions of Sections 607.050	02 and 607 1508, Florida Statute	s the above-named	corneration submits this statement for the number of cha-	nging its registered		
office or re	gistered agent, or both, in the State	e of Florida, Such change was a	uthorized by the corp	poration's board of directors. I hereby accept the appointm	nent as registered		
	AN ATT	gailons or, accilcin 607,0505, Fic	rida Statutes.	mu /an/sc			
SIGNATURE	Signature typed or provide hard or legistated ag	ont and title it applicable (NOT)	Registered Agent signature	required when reinstating) DATE			
12.		ID DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition		
NAME	G RAYDON, STEVEN R		1.2 NAME				
STREET ADDRESS 1244 COUNTY ROAD 17 NORTH			1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL 33852		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	21 TITLE	×	Change		
NAME	Graydon, Justin M		2.2 NAME				
STREET ADDRESS	8064 HIGHWAY 8 #3		2.3 STREET ADDRESS				
CITY-ST-ZIP	CLEVELAND FL 38732		2. 4 CITY - ST - ZIP	CLEVELAND, MS 38732			
TITLE		DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STREET ADDRESS		1		
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TALÉ		☐ DELETE	4.1 TITL€		Change		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - S1 - ZIP				
TITLE		☐ DELFTE	61 TITLE		Change		
NAME			6.2 NAME		1		
STREET ADDRESS			6.3 STREET ADDRESS		1		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		1		
14. I hereby ce	rtify that the information supplied w	vith this filing does not qualify fo	r the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify t	hat the information		
indicated of officer or d	ir this armual report or supplement ir ecto r of the corporation or the re∕o	a) annual report is true and acci elver or trustee empowered to a	irate and that my sig execute this report as	nature shall have the same legal effect as if made under o required by Chapter 607. Florida Statutes; and that my na	ath; that I am an Ime appears in		
Block 12 or	Block 13 if changed, or on arrelta	with an address.			-,,		