Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90176 035 ***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 # P9700090035

1. Corporation Name

BENCHMARK III RESIDENTIAL CORPORATION

Principal Place	e of Business	Mailing Addre	ess					
106 COMMERCE WAY SUITE A4 JUPITER FL 33458 106 COMMERCE WAY SUITE JUPITER FL 33458				14		DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed 10/13/1997		
2. Principal P	lace of Business	2a. Mailing Ad	idress			4. FEI Number	A	pplied For
21	•	26				65-07880 <u>12</u>	N N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			== 5 Certifcate of Status Desired		Additional
22		27	27			=	Fee R	equired
City & Stat	e	City & Sta	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip			Country		8. This corporation owes the current year I	ntangible	
24	25 29 30]		Personal Property Tax.		
	9. Name and Address of Curre	1771		<u> </u>		10. Name and Address of New Registered	d Agent	
<u> </u>				81	Name			
Flynn, gary					82 Street Address (P.O. Box Number is Not Acceptable)			
106 COMMERCE WAY SUITE A4				82	Street Add:	ress (F.O. Box Number is Not Acceptable)		
JUPITER FL 33458								
1	·			<u> </u>				0-1-
				84	City	F	L 85 Zip	Code
1 Office At r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such ch	ange was autho)7.0505, Florida	orized by Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it	s registered egistered
SIGNATURE			6000			ed when reinstating)	9/ / /	2 47_
-	Alignature, typed or printed name of registered ag	nent and title if applicable. ND DIRECTORS	(NOTE: Reg	13.	n signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	D OFFICERS A		DELETE	1.1 TITLE		ASSITIONS/SIDINGES TO STITISEING	Change	Addition
	; -			1.2 NAME			_ •	_
NAME	Tally of Leavis			TADORESS				
STREET ADDRESS					1			
CITY-ST-ZIP	JUPITER FL 33458	· · ·) DELETÉ	1.4 CITY-S 2.1 TITLE	1- ZIP		Change	Addition
TITLE					1			
NAME	FLYNN, GARY A	44		2.2 NAME				
STREET ADDRESS	106 COMMERCE WAY SUITE	A4			ADDRESS			شتنسينيم
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		[] Change	Addition	
TITLE		L	DELETE	3.1 TITLE			[_] onlinge	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				34.CITY-5	ST-ZIP			□ A 4400
777.5			DELETE	417TH E			☐ Change	☐ Addition

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.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PANTARE DEGUIRENP

DELETE

☐ DELETE

☐ DELETE

561-744-8686

Change

Change

☐ Addition

Addition