

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90022 047 \*\*\*150.00

DOCUMENT # **P98000021146**

1. Corporation Name  
**SORC COMPANIES, CORP.**

Principal Place of Business  
8650 N.W. 178TH ST.  
MIAMI FL 33015

Mailing Address  
8650 N.W. 178TH ST.  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1998**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **4910 SW 201 Terrace**

Suite, Apt. #, etc.

22

City & State

23 **Fort Lauderdale, FL**

Zip

Country

24 **33332**

25

**USA**

2a. Mailing Address

26 **4910 SW 201 Terrace**

Suite, Apt. #, etc.

27

City & State

28 **Ft. Lauderdale, FL**

Zip

Country

29 **33332**

30

**USA**

9. Name and Address of Current Registered Agent

VEREBAY, LAYNE  
190 N.E. 199TH ST., STE. 204  
N. MIAMI FL 33179

10. Name and Address of New Registered Agent

81

Name **C. Scott Bensch**

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City **Ft. Lauderdale**

FL

85

Zip Code

**33332**

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

**C. Scott Bensch**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BENSCH, C. SCOTT**  
CITY-ST-ZIP **190 N.E. 199TH ST., STE. 204**  
**NO. MIAMI FL 33179**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Director**  
1.3 STREET ADDRESS **C. Scott Bensch**  
1.4 CITY-ST-ZIP **4910 SW 201 Terrace**  
**Ft. Lauderdale, FL. 33332**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 19.07(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:

**C. Scott Bensch**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/10/99**

Daytime Phone #

**954-680-6719**

CR2E034 (11/98)

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