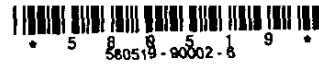


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90087 005 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026113					
1. Corporation Name BENITH CORPORATION					
Principal Place of Business 1716 N.E. 8th Street Fort Lauderdale, FL 33304		Mailing Address 1716 N.E. 8th Street Fort Lauderdale, FL 33304			
2. Principal Place of Business 21 1716 N.E. 8th Street		2a. Mailing Address 25 1716 N.E. 8th Street		4. FEI Number 65-0822746	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23 Fort Lauderdale, FL		City & State 29 Fort Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24 33304		Country 25 USA		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent Jani E. Maurer 500 N.E. Spanish River Blvd. #27 Boca Raton, FL 33431					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME John A. Benedetto STREET ADDRESS 1716 N.E. 8th Street CITY-ST-ZIP Fort Lauderdale, FL 33304			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME Vice President STREET ADDRESS Robert M. Smith CITY-ST-ZIP 1716 N.E. 8th Street Fort Lauderdale, FL 33304			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS 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 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.

SIGNATURE: *Robert M. Smith* **ROBERT M. SMITH V.P.**

4/10/99

561-994-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)