


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90020 037 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P980000042692**

1. Corporation Name

**BENCK ENTERPRISES, INC.**



Principal Place of Business 1291A S. POWERLINE ROAD #294 POMPANO BEACH FL 33069	Mailing Address 1291A S. POWERLINE ROAD #294 POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1998

2. Principal Place of Business 21 7040 - 10 W. Palmetto Suite, Apt. #, etc. Park Road 22 City & State Boca Raton FL Zip 33433 Country USA	2a. Mailing Address 26 7040 - 10 W. Palmetto Suite, Apt. #, etc. Park Road 27 City & State Boca Raton FL Zip 33433 Country USA
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4. FEI Number

65-0834818

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

PORZENHEIM, EVELYN M  
1291A S. POWERLINE ROAD  
#294  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

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

9599 Parkview Avenue

83

84 City

Boca Raton

FL

85 Zip Code

33428

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 Evelyn M. Porzenheim

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

7/3/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PORZENHEIM, EVELYN M	
STREET ADDRESS	1291A S. POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9599 Parkview Avenue
1.4 CITY-ST-ZIP	Boca Raton FL 33428
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Christian J. Porzenheim
2.3 STREET ADDRESS	9599 Parkview Avenue
2.4 CITY-ST-ZIP	Boca Raton FL 33428
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Evelyn M. Porzenheim 7/3/99 (561) 394-8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)