FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90444 012 ***150.00

DOCUMENT # 1. Entity Name	P98000073292	
Philip.A.	BENEBY, Inc.	/

DO NOT WRITE IN THIS SP	ACE	
2. Principal Place of Business 4687 MYRTLF Lane P.O. Box 2 Suite, Apt. #, etc. 3. Mailing Address P.O. Box 2 Suite, Apt. #, etc.	21104 DO NO	T WRITE IN THIS SPACE
WEST PALM BCh Fl. West Palm City & State Palm Ci	Reach, Fl. 4. FEI Number 870	
3 3417 PALM Beach 33407	5. Certificate of Status Des 7. Name and Address of Co	Fee Required
IN THIS SPACE	Street Address (P.O. Box Number is Not Acce 468	Ane Zin Code
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (So existing as healt) Amended	istered office or registered agent, or both, in the State	e of Florida. 4/2 4/0 2 DATE gn Financing _ \$5.00 May Be
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS PP-23 Pan P-25 Pa	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-7IP	SPACE

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

TITLE

NAME

NAME

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

lip. A. BENEBY