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 # P98000086828

BENCHMARK TITLE & ABSTRACT COMPANY

Principal Place of Business

Mailing Address

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90252 010 ***150.00



168 COUNTRY (SHALIMAR FL 3		168 COUNTRY CLUB ROAD SHALIMAR FL 3279		DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed 10/08/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number		- 1	Applied For
25 Walter Martin Rd. 26 25 Walter Ma			artin	n Rd.	59 3540432			Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional Required
22 203 27 8% 203					<u> </u>			
City & State City & State				_				00 May Be ed to Fees
23 Ft. Walton Beach 28 Ft Walton B			Country		8. This corporation owes the curr	ent year Inta		3 10 7 000
				No.			□No	
²⁴ 32548	9. Name and Address of Current	<u> </u>	인 USI	4	10. Name and Address of New I	Registered A	Agent	
	3. Name and Address of Content	Negiatered Agent	81	Name			<u> </u>	
MONSEES, NICOLE J ESQ 168 COUNTRY CLUB ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
				Street	dress (P.O. Box Number is Not Acceptable)			
SHALIMAR FL 3279			83					
			84	City		FI	85 Zi	p 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 607.0505, Florida Statutes. SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		nt signature re	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE				Chang	e Addition
NAME	MONSEES, NICOLE J		1.2 NAME					\ \
STREET ADDRESS	168 COUNTRY CLUB ROAD		1.3 STREE	TADORESS		•	-	
CITY-ST-ZIP	SHALIMAR FL 3279		1.4 CITY-S	T-ZIP				
TITLE	VD	XXDELETE	2.1 TITLE	•	With the his first over		Chang	je 🗌 Addition
NAME	DONOVAN, AUGUSTA A		2.2 NAMÉ					
STREET ADDRESS	168 COUNTRY CLUB ROAD		2.3 STREE	TADDRESS	* **			. [
CITY-ST-ZIP	SHALIMAR FL 3279		2. 4 CITY-5	ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE				Chang	e Addition
NAME	DONOVAN, ROBERT D		3.2 NAME					İ
STREET ADDRESS	168 COUNTRY CLUB ROAD		3.3 STREE	TADDRESS			-	
CITY-ST-ZIP	SHALIMAR FL 3279		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	e Addition
NAME			4. 2 NAME					1
STREET ADDRESS			4.3 STREE	TADORESS				
C/TY-ST-ZIP			4.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Chang	pe ☐ Addition
NAME			5.2 NAME					1
STREET ADDRESS			5.3 STREE	TADORESS				1
CITY-ST-ZIP			5.4 CMY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	je 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
3 INCC ADDRESS			A LOTTIC S	·				

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 suppliemental 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 embowered/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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 23, 1999 850 830 8646