


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90095 033 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P98000097401**

1. Corporation Name

**J. BEN S DISTRIBUTORS, INC.**

Principal Place of Business

9133 N.W. 1ST STREET  
CORAL SPRINGS FL 33071

Mailing Address

9133 N.W. 1ST STREET  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

65-0877344

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

SCHAMES, BRUCE S  
9133 N.W. 1ST STREET  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PSTD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCHAMES, BRUCE S       |  |
| STREET ADDRESS | 9133 N.W. 1ST STREET   |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33071 |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |  |
|--------------------|---|--|
| 1.1 TITLE          | PSTD                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Saul Cohen                              |  |
| 1.3 STREET ADDRESS | 460 Schames                             |  |
| 1.4 CITY-ST-ZIP    | 9133 N.W. 1st<br>Coral Springs FL 33071 |  |

|                    |  |   |
|--------------------|--|---|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |   |
| 2.3 STREET ADDRESS |  |   |
| 2.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)