| COR ANNU | PROFIT RPORATION JAL REPORT 1999 | | Katheri Secretar | RTMENT OF STATE ne Harris y of State CORPORATIONS | FILI Apr 20, 199 Secretary 04-20-1999 90201 | 99 8:00 am of State |
|---|---|---|---|--|--|-----------------------------------|
| . Corporation | n Name | 2671 | | | | |
| BENJAM | in consulting, i | INC. | | | E TORVIOLE TOR THIN AND ANY LODRED AND | |
| | | | Mailing Address | | | |
| 71ncipal Place | e of Business | | Mailing Address 3875 PRAIRIE DUNE DR | | - <u>a-</u> | and a second second |
| ARASOTA FL | | | SARASOTA FL 34232 US | | DO NOT WRITE IN TH | |
| | · · · · | | | | 02/15/1991 | |
| Principal Pl | lace of Business | · · · · · · · · · · · · · · · · · · · | 2a. Mailing Address | a | 4. FEI Number | Applied For |
| | | · · 2 | 6 | | 59-3051465 | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State | e . | 2 | City & State | ······································ | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Zip | Country 25 | 2 | Zip | Country | 8. This corporation owes the current year Personal Property Tax. | Intangible |
| · · · · · · · · · · · · · · · · · · · | 9. Name and Address | s of Current Re | gistered Agent | | 10. Name and Address of New Registere | d Agent |
| 8EN. | Jamin, Arthur | | | 81 Name | | |
| | PRAIRIE DUNES DR | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| SAR | ASOTA FL 34232 | | | 83 | | |
| | • • • | | | 84 City | | 85 Zip Code |
| | - | | | | F | |
| Pursuant.t office or re agent. 1 ai | to the provisions of Sectio egistered agent, or both, in m familiar with, and accep | ons_607.0502.and in the State of Flo ot the obligations | d.607.1508; Florida Statute orida. Such change was a of, Section 607.0505, Flor | es, the above-named corp uthorized by the corporati rida Statutes. | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | Jointment as registered |
| IGNATURE | Signature, typed or printed name of | trepistered agent and | title if applicable (NOTE | : Registered Agent signature require | ed when reinstating) DATE | |
| 2. | | FICERS AND DI | | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| ne | | | | 1.1 TITLE | | Change Addition |
| AME | Benjamin, Arthur | | | 1.2 NAME | | 1 |
| | 2875 PRAIRIE DUINE | IS DR | | 13 STREET ADORESS | | |
| REET ADDRESS | 3875 PRAIRIE DUNE Sarasota Fl | S DR | | 1.3 STREET ADDRESS | | |
| REET ADDRESS | 3875 PRAIRIE DUNE Sarasota Fl D | S DR | DELETE | 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE | | Change Addition |
| REET ADDRESS Y-ST-ZIP LE | Sarasota Fl D Benjamin, Arthur | | DELETE | 1.4 CITY- ST- ZIP | | Change Addition |
| REET ADDRESS TY-ST-ZIP TLE ME | SARASOTA FL D BENJAMIN, ARTHUR 3875 PRAIRIE DUNE | | C) DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | | Change Addition |
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SIGNATURE MY APPENDENT (1) DE SIGNING OFFICER OR DIRECTOR

4/13/99 94/974444