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 # **S77677**

1. Corporation Name

CITY-ST-ZIP

RIG BEN	ENTERPRISES, INC.						
Principal Place	e of Business	Mailing Address				, ,	
133 TROPIC BIRD CT DAYTONA BEACH FL 32119		133 TROPIC BIRD CT DAYTONA BEAHC FL 32119 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/30/1991			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
Z. Fillicipal Fi	lace of business	26			59-3085239	·	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A Fee Red	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	·	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current		□N
24	25		30	,,	Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent	
CVART	CICKL BEN IAMIN W. ID						
SWIECICKI, BENJAMIN W., JR. 133 TROPIC BIRD CT			82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)	
	TONA BEACH FL 32119		83				. (
UAT	TONA DEACHTE 32119						4, 4° 15.;
			84	City		FI 85 Zip C	ode
SIGNATURE		ID DIRECTORS	13.	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	
TITLE	DPT	☐ DELETE	1.1 TITLE	ĺ		Ontingo.	
NAME .	SWIECICKI, BENJAMIN, JR.		1.2 NAME	4DDD500	2		•
STREET ADDRESS	133 TROPIC BIRD CT		1.3 STREET ADDRESS			,	
CITY-ST-ZIP	DAYTONA BEACH FL	☐ DELETE	1.4 CiTY-ST-ZIP			Change	Addition
TITLE	SV DENIAMEN ID		22 NAME				— .
NAME STREET ADDRESS	SWIECICKI, BENJAMIN JR 133 TROPIC BIRD CT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CITY-S	į			
TITLE	DATIONA BEAGITTE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			تستعسبني
CITY-ST-ZIP	,		3.4. CITY-S	T-ZIP		·	
TITLE · ·	***	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME			•	•
STREET ADDRESS			4.3 STREET	ADDRESS	;		•
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP		☐ Change	Addition
TITLE		DELETE	5.1 TITLE			cnange	[_] Addition
NAME	ļ		5.2 NAME	ADDOESS			
STREET ADDRESS			5.3 STREET			٠.	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST 6.1 TITLE)-ZIP		Change	Addition
TITLE		□ nere ie	6.2 NAME		•		
NAME .	,		6.3 STREET	ADDRESS			
STREET ADDRESS	ii		# VIV VIIILE				

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.

6.4 CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90004 017 ***150.00