**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V04737

BENJAMIN FARMS CO.

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

03-11-1999 90001 022 \*\*\*150.00



Principal Place of Business Mailing Address					
4150 SW 11TH PLACE 4150 SW 11TH PLACE					
VERO BCH FL 32968 VERO BCH FL 32968 US US				DO NOT WRITE IN T	THIS SPACE
00			3. Date Incorporated or Qualifed		
				01/06/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1		26		59-3131068	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	_ Zig	Country	8. This corporation owes the current year	
24	Chanes z	29 / Chan	30-1 2	Personal Property Tax.	☑ Yes □ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ered Agent
	NELL DARRELL		81 Name	Ve /	
	NELL, DARRELL		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	BEACHLAND BLVD				
VER	O BEACH FL 32963		83		
			84 City		85 Zip Code
			04 City	Champe	
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	☐ DELETE	1.1 TITLE	No /	☐ Change ☐ Addition
NAME	KOSTER, CHARLOTTE K.		12 NAME		
STREET ADDRESS	4150 SW. 11TH PL		1.3 STREET ADDRESS	/ Cl	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	/ Luange	
TITLE	VPS	☐ DELETE	2.1 TITLE	No /	☐ Change ☐ Addition
NAME	KOSTER, JAN		2.2 NAME	,,,,	
STREET ADDRESS	4150 SW 11TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968-4835		2. 4 CITY-ST-ZIP	/ Change	
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME	-	· . · · · · ·
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME	\		6.2 NAME		
STREET ADDRESS	,)°		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS