

02141444-98008 40118-011 \$150

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V04979

Corporation Name  
BENNETT ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business

BX 430517  
ME KEY FL 33043

Mailing Address

PO BOX 430517  
BIG PINE KEY FL 33043  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Country

Zip

Country

9. Name and Address of Current Registered Agent

BENNETT, JEFF  
29688 FORRESTAL AVENUE  
BIG PINES KEY FL 33043

3. Date Incorporated or Qualified

01/08/1992

4. FEI Number

65-0304002

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

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

I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

PD	BENNETT, JEFF	<input type="checkbox"/> DELETE
RESS	29688 FORRESTAL AVE.	
	BIG PINE KEY FL	
S	NEWMAN, HEATHER J.	<input type="checkbox"/> DELETE
RESS	29688 FORRESTAL AVE.	
	BIG PINE KEY FL	
S	BENNETT, SHARON	<input type="checkbox"/> DELETE
CSS	29688 FORRESTAL AVE.	
	BIG PINE KEY FL	
		<input type="checkbox"/> DELETE
ESS		
		<input type="checkbox"/> DELETE
CSS		
SS		<input type="checkbox"/> DELETE

13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

I 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 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 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

3/6/99

Date

305-872-4242

Daytime Phone #

CR2E034 (11/98)