## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029950 (8)

SECURE BENEFIT PLANS, INC.

97 SEP -5 PM 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	***************************************				
Principal Place		Mailing Address		1 12311237 13 13 13 13 13 13 13 13 13 13 13 13 13	
922 NE 109TH MIAMI FL 3310		922 NE 109TH ST MIAMI FL 33161			
MIRMI PE 331	01	MIRMI FE 33101		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
		<b>,</b>		04/05/1996	
2. Principal Pl	lace of Rusiness	28. Mailing Address	+ DD. T.	4. FELNumber	スプ Applied For
21 2000	re Benefit Klantine	26 Secure Benefit	t Plans Inc	- 65-066-71.	Not Applicable
Suite, Apt.	20 NE / DYS Ave	27 10395 NEI	746 Ave.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23 /hus	in Stores 1	28 Miamu Sho	res, PC	Trust Fund Contribution	Added to Fees
Zip	Country	7p 7212//	Country	8. This corporation owes or has paid	the current year Intangible
24 53/	38 25 USM	29 33/38 3	o usA	Personal Property Tax due June 3	
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Reg	
	ORE, RICHARD		Name	KICHARD MOORS	2
	NE 109TH ST		loress (P.O. Box Number is Not Acceptable	<del>(</del> )	
MIA	MI FL 33161	1373 NOICE /	we		
			83	11Ami SHORES	
			84 City	ANIAMAN SHORES	FL 85 Zip Code 773/3
11. Pursuant i	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes.	the above named co	orporation submits this statement for the pu	rpose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corpo	ration's board of directors. I hereby accept	the appointment as registered
	Ridan	Misse-	da olaloics.		9/2/67
SIGNATURE Signature, typed or printing name of registered agent and tells if applicable (NOT). As pistered Agent signature required when reinstalling)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE		☐ DELETE	1.1 TITLE	President (V)	Change
NAME			1.2 NAME	Richard Mort	i
STREET ADDRESS			1.3 STREET ADDRESS	MIAMISHORES F	C 33/38
CITY-ST-ZIP		DELETE	1.4 CiTY-ST-ZiP	MIAMISHORES P	Change Addition
TITLE		☐ DECEUE	2.1 TITLE		Change L. Audilion
NAME OTROCT ADDRESS			2.2 NAME		Į.
STREET ADDRESS			2.3 STREET ADDRESS		`
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME	0000022	
STREET ADDRESS			3.3 STREET ADDRESS		9701046001
CITY-ST-ZIP			34. CITY-ST-ZIP	****17(	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
70		DELETE	51 TITLE		☐ Change ☐ Addition
¥ <b>:</b> €			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		)
CITY-ST-ZIP			5.4 CITY-S1-ZIP		Aland -
TITLE		DELETE	6.1 TITLE	1.	Addition
NAME			6.2 NAME	U	''
STREET ADDRESS			6.3 STREET ADDRESS		11/11/1
CITY-ST-ZIP	by carlly that the information supplied	with this bling does not qualify	6.4 CITY-ST-ZIP	led in Section 119.07(3)(i). Florida Statutes	I further partify that the
	zy seminy umicome nationality i suppliced V	waa aans maraa does nor didawy l	ол опенженников 8181	ea a aeanan 18.07.380. FIDNOS SISIDIES	. a narcher cenniv utali inei

I do nereby 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 corpograph 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 changlid, or small attachment with an address.

pg.20/2

## **SECURE BENEFIT PLANS**

10395 N.E. 12TH AVENUE MIAMI SHORES, FLORIDA 33138

OFF. (305) 957 011 BI

**FAX COVER** 

BEEPER (305) 334 1001

FAX (305) 754 3676

TO: Dopt of State	
FROM: RICHARD Moore	
#PAGES, including cover	
MESSAGE:	
Hello, This is a letter to inf my natrice late. I mor recieved the report it n I sever received the fir I have sent the regula	est notice!