

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # 807933 (7)

1. Corporation Name
BENEFICIAL FLORIDA, INC.

**95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**ONE CHRISTINA CENTER
301 NORTH WALNUT STREET
WILMINGTON DE 19801**
**300 BENEFICIAL CENTER
PEAPACK NJ 07977**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/07/1949** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 28. Zip 29. Country
25. Country 30. Country

4. FEI Number **51-0062574** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
300 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HINSON, WAYNE B. 424 KNIGHTS RUN AVE. TAMPA FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VTD DAWSON, ELIZABETH A. 301 N. WALNUT ST. WILMINGTON DE
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD LEWIS, JANICE L. 301 N. WALNUT ST. WILMINGTON DE
TITLE NAME STREET ADDRESS CITY ST ZIP	EV LONGFIELD, ROSS N. 200 BENEFICIAL CENTER PEAPACK NJ
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MC CUBBINS, RONALD W. 424 KNIGHTS RUN AVE. TAMPA FL
TITLE NAME STREET ADDRESS CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400001481384
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition -05/10/95 -01000 Change 0021 Addition ***3400.00 ***200.00
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Executive Vice President Richard C. Klesse 200 Beneficial Center Peapack, NJ 07977
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*5/1/95
MST*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *E. A. Dawson* **E. A. Dawson, VP & Treasurer 4/24/95 (908) 781-3381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials)