

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 807933 (7)

1. Corporation Name
BENEFICIAL FLORIDA, INC.

Principal Place of Business

ONE CHRISTINA CENTER
301 NORTH WALNUT STREET
WILMINGTON DE 19801

Mailing Address

300 BENEFICIAL CENTER
PEAPACK NJ 07977



3. Date Incorporated or Qualified

07/07/1949

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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
1200 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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HINSON, WAYNE B.	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DAWSON, ELIZABETH A.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEWIS, JANICE L.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KLESSE, RICHARD C.	
STREET ADDRESS	200 BENEFICIAL CENTER	
CITY - ST - ZIP	PEAPACK NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MC CUBBINS, RONALD W.	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL J. ROSESKI	
1.3 STREET ADDRESS	434 KNIGHTS RUN AVE.	
1.4 CITY - ST - ZIP	TAMPA, FL 33602	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VICE PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOUIS J. DINZEO	
5.3 STREET ADDRESS	434 KNIGHTS RUN AVE.	
5.4 CITY - ST - ZIP	TAMPA, FL 33602	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

E. A. Dawson
E. A. DAWSON
TREASURER

(908) 781-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0512039

CR2E034 (9/96)