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.)

APPROVED AND FILED

97 SEP -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pg 1 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000029950 (8)**

1. Corporation Name
SECURE BENEFIT PLANS, INC.

Principal Place of Business	Mailing Address
922 NE 109TH ST MIAMI FL 33161	922 NE 109TH ST MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1996
3a. Date of Last Report:

2. Principal Place of Business
21 Secure Benefit Plans Inc
Suite, Apt. #, etc.
22 10395 NE 12th Ave
City & State
23 Miami Shores Fl
Zip 24 33138 Country 25 USA

2a. Mailing Address
26 Secure Benefit Plans Inc.
Suite, Apt. #, etc.
27 10395 NE 12th Ave.
City & State
28 Miami Shores, FL
Zip 29 33138 Country 30 USA

4. FEI Number: 65-066-3437 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

9. Name and Address of Current Registered Agent

MOORE, RICHARD
922 NE 109TH ST
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: RICHARD MOORE
82 Street Address (P.O. Box Number is Not Acceptable): 10395 NE 12th Ave
83: MIAMI SHORES
84 City: MIAMI SHORES FL 85 Zip Code: 33138

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: Richard Moore — 9/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition President (P) Richard Moore 10395 NE 12th Ave Miami Shores FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002288990--- 1 -09/10/97--01046--001 ****170.00 ****170.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Moore 9/5/97

CR2E034 (4/97)

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.

pg. 2 of 2

SECURE BENEFIT PLANS

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

OFF. (305) 957 011 BEEPER (305) 334 1001 FAX (305) 754 3676

FAX COVER

TO: Dept of State

FROM: Richard Moore

#PAGES, including cover_____

MESSAGE:

Hello,

This is a letter to inform you that I received my notice late. I moved and by the time I received the report it was late. Incidently I never received the first notice!

I have sent the regular fees.

Thank you.

Richard Moore