

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

FILED

Feb 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **400083** (2)

1. Corporation Name  
**BUSINESS BENEFITS, INC.**

Principal Place of Business

**11420 N KENDALL DR  
SUITE 202  
MIAMI FL 33176  
US**

Mailing Address

**% HOWARD AMDUR, CPA  
11420 NO KENDALL DR, STE 202  
MIAMI FL 33176-1039  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
**04/27/1972**

3a. Date of Last Report  
**02/23/1996**

4. FEI Number

**59-1401089**

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

**DIAMOND, ADELE  
18212 LONG LAKE DR  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

**WILLIAM DIAMOND**

82 Street Address (P.O. Box Number is Not Acceptable)

**18212 Long Lake Dr**

83

84 City

**Boca Raton**

FL

85 Zip Code

**33481**

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

*William W. Diamond* President

(NOTE: Registered Agent signature required when reinstating)

2/18/97

12. OFFICERS AND DIRECTORS

TITLE	<b>NOX D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAMOND, ADELE</b>	
STREET ADDRESS	<b>18212 LONG LAKE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAMOND WILLIAM</b>	
STREET ADDRESS	<b>18212 Long Lake Dr</b>	
CITY-ST-ZIP	<b>Boca Raton FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director only</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

*William W. Diamond* William W. Diamond

2/18/97

Date Daytime Phone #

561-852-4147

CR2E034 (9/96)