

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26, 1996 08:00 AM
Secretary of State

DOCUMENT # **F95000005091 (2)**

1. Corporation Name

DIVERSIFIED BENEFIT SERVICES, INC.

Principal Place of Business

Mailing Address

**2425 NORTH FEDERAL HIGHWAY
SUITE 369
BOCA RATON FL 33421**

**2425 NORTH FEDERAL HIGHWAY
SUITE 369
BOCA RATON FL 33421**



2. Principal Place of Business

2a. Mailing Address

21 2424 North Federal Highway

26 2424 North Federal Highway

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite 369

27 Suite 369

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip Country

Zip Country

24 33431

25

29 33431

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

4. FEI Number

22-2978264

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

10. Name and Address of New Registered Agent

**SPIEGEL, LAWRENCE J
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 NAME STREET ADDRESS CITY-ST-ZIP

**POD
NEWMAN, FREDERIC J
6264 N.W. 102 WAY
PARKLAND FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VS
NEWMAN, DAVID A
6264 N.W. 102 WAY
PARKLAND FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.03.86

407.447.7722

CR2E034 (12/95)