

# F96000005937

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Employee Benefits Marketing Corporation  
(Name of corporation - must include suffix)

300002003829--6  
-11/13/96--01189--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mitchell L. Perlstein  
(Name of Person)  
Investors' Low Center, P.A.  
(Firm/Company)  
1200 N. Federal Hwy #200  
(Address)  
Boca Raton FL 33432  
(City/State/Zip)

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DIVISION OF CORPORATIONS  
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Should you need to call someone concerning this matter, please call:

Mitchell L. Perlstein at (561) 368 0831  
(Name of Person) (Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Employee Benefits Marketing Corporation  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Connecticut 3. 061250358  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. June 1988 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/15/96  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 16241 Bridlewood Circle  
Delray Beach FL 33445  
(Current mailing address)

8. Consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Mitchell L. Perlstein, Esq.

Office Address: 1200 N. Federal Hwy #200

Boca Raton, Florida, 33432  
(Zip Code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Richard S. Scalesse

Address: 16241 Bridlewood Cir  
Delray Beach FL 33445

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Carl M. Scalesse

Address: 16241 Bridlewood Cir  
Delray Beach FL 33445

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Treasurer Richard S. Scalesse

Address: 16241 Bridlewood Cir  
Delray Beach FL 33445

Vice President: Secy Carl M. Scalesse

Address: 16241 Bridlewood Cir  
Delray Beach FL 33445

Vice Pres Secretary: Joseph G. Voll

Address: 17 Colonial Dr  
Monroe CT 06468

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard S. Scalesse  
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

EMPLOYEE BENEFITS MARKETING CORPORATION

incorporated under the laws of Connecticut is in existence and in  
good standing.



Secretary of the State

Date Issued: November 8, 1996

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