

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90224 006 ****61.25

0081955

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005705

1. Corporation Name

AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.

Principal Place of Business

1819 CLARKSON RD. SUITE 301
CHESTERFIELD MO 63017

Mailing Address

1819 CLARKSON RD. SUITE 301
CHESTERFIELD MO 63017



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/29/1997

4. FEI Number
65-0057253

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**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 617.0502 and 617.1508, 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 617.0503, 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 **CD** ☐ DELETE
NAME **NEUMANN, ROBERT S.**
STREET ADDRESS **6 PALERMO AVE STE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PT** ☐ DELETE
NAME **FEINBERG, MYRON**
STREET ADDRESS **6 PALERMO AVE STE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VP** ☐ DELETE
NAME **ROY, MONICA**
STREET ADDRESS **1010 THOREAU CT.**
CITY-ST-ZIP **ST LOUIS MO 63146**

TITLE **S** ☐ DELETE
NAME **BOCKER, KAREN**
STREET ADDRESS **13 BORDEAUX PLACE**
CITY-ST-ZIP **LAKE ST LOUIS MO 63146**

TITLE **D** ☐ DELETE
NAME **MALATESTA, AL**
STREET ADDRESS **9304 WELLINGTON PARK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ DELETE
NAME **PFAUSCH, DIXON**
STREET ADDRESS **307 REGENCY CIRCLE**
CITY-ST-ZIP **DUBLIN GA 31021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Karen Norris**
1.3 STREET ADDRESS **988 Woodcock Rd. Ste. 115**
1.4 CITY-ST-ZIP **Orlando, FL 32803**

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

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

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

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

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

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KAREN BOCKER REQUIRED** *Karen Bocker* 1/20/99 314-530-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)