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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G41788 (2)BENEFIT SERVICE, INC. Principal Place of Business Mailing Address 400 NW 95TH TERR 400 NW 95TH TERR POB 8518 POB 8518 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2305109 Not Applicable Suite, Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Country Zip This corporation owes or has paid the current year Intangible ☐ Yes □ Ño 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAIO, JOSEPH 400 N W 95 TERR Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 63 84 City 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 CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE BAIO, JOSEPH NAME 1.2 NAME 400 NW 95TH TERR STREET ADDRESS 1.3 STREET ADDRESS PEMBOKE PINES, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with anaddress.

SIGNATURE:

FILED

Apr 28 1998 8:00am

Secretary of State

984-435-1374