FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J66776** **(2)**

1. Corporation Name
PLAN BENEFITS, INC.

Principal Place of Business	Mailing Address
1855 UNIVERSITY DR STE 1861 CORAL SPRINGS FL 33071 US	1855 UNIVERSITY DR STE 1861 CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1967
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 210 University Drive	26 210 University Drive
22 Suite, Apt. #, etc. Suite 402	27 Suite, Apt. #, etc. Suite 402
23 City & State Coral Springs FL	28 City & State Coral Springs, FL
24 Zip 33071 25 Country Broward	29 Zip 33071 30 Country Broward

4. FEI Number: 59-2818228 ☐ 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

PARIS, ROBERT M.
1855 UNIVERSITY DR
STE 1861
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 210 University Drive
83 Suite 402
84 City: Coral Springs FL 85 Zip Code: 33071

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] Robert M. Paris - President 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	PARIS, ROBERT M.	12 NAME	
STREET ADDRESS	1855 UNIVERSITY DR, STE 1861	13 STREET ADDRESS	210 University Dr., Ste 402
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PARIS, ROBERT M.	22 NAME	
STREET ADDRESS	1855 UNIVERSITY DR, STE 1861	23 STREET ADDRESS	210 University Dr., Ste 402
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] Robert M. Paris - President 4/14/95 (305) 344-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114748 CP