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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K79178 (5)

1. Corporation Name
BROWARD BENEFITS, INC.

Principal Place of Business
1120 S. FEDERAL HWY., SUITE A
FORT LAUDERDALE FL 33316

Mailing Address
1120 S. FEDERAL HWY., SUITE A
FORT LAUDERDALE FL 33316-1257



2. Principal Place of Business
21 1040 Bayview Drive
Suite, Apt. #, etc.
22 SUITE 521
City & State
23 FT LAUDERDALE, FL
Zip Country
24 33304 25 BROWARD
26 1040 Bayview Drive
Suite, Apt. #, etc.
27 SUITE 521
City & State
28 FT LAUDERDALE, FL
Zip Country
29 33304 30 BROWARD

3. Date Incorporated or Qualified 04/03/1989
3a. Date of Last Report 05/29/1996

4. FEI Number 65-0127172
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

STEPHANY, EDWARD G.
1401 E. BROWARD BLVD., SUITE #201
FORT LAUDERDALE FL 33301

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 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 of person named as registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1.1 TITLE P
1.2 NAME STEPHANY, KURT E.
1.3 STREET ADDRESS 1624 NE 5 COURT
1.4 CITY-ST-ZIP FT. LAUDERDALE FL
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2734 NE 20 CT
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33305
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

14. I do 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 a 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 change of name or address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

(954) 564-9944

Date

Daytime Phone #

CP2E034 (9/96)