

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # K95077

(9)

1. Corporation Name

**PAYROLL BENEFITS, INC.**

Principal Place of Business

**c/o PTI.**

**3710 CORPOREX PARK DR**

**STE 300**

**TAMPA, FL 33619**

Mailing Address

**c/o PTI.**

**3710 CORPOREX PARK DR**

**STE 300**

**TAMPA, FL 33619**

3. Date Incorporated or Qualified  
**06/13/1989**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2953841**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEL KLINGHOFFER**

**3710 CORPOREX PARK DR STE 300**

**TAMPA, FL 33619**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature is required when not standing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **SD** ☐ DELETE

NAME **KLINGHOFFER, MELVIN**

STREET ADDRESS **4604 CLARKSDALE LANE**

CITY-ST-ZIP **BRANDON, FL 33511**

2. TITLE **P** ☐ DELETE

NAME **MOORE, MICHAEL M.**

STREET ADDRESS **18 BAHAMA CIRCLE**

CITY-ST-ZIP **TAMPA, FL 33606**

3. TITLE **CEO** ☐ DELETE

NAME **MOORE, MICHAEL M.**

STREET ADDRESS **18 BAHAMA CIRCLE**

CITY-ST-ZIP **TAMPA, FL 33606**

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 2. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 3. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 4. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 5. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 6. TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**000001765960**  
**-04/02/96--01028--004**  
**\*\*\*200.00**

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)(k), 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:

**Michael M. Moore**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**President**

**3-6-96**

**(813)664-0404**

CR2E034 (12/95)