

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90199 024 ***150.00

DOCUMENT # K95077

1. Corporation Name

PAYROLL BENEFITS, INC.



Principal Place of Business

C/O PT1. 3710 CORPOREX PARK DR.
STE. 300
TAMPA FL 33619

Mailing Address

C/O PT1. 3710 CORPOREX PARK DR.
STE. 300
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1989

4. FEI Number

59-2953841

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MOORE, MICHAEL M
3710 CORPOREX PARK DR
SUITE #300
TAMPA FL 33619

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME MOORE, MICHAEL M
STREET ADDRESS 3710 CORPOREX PARK DR. #300
CITY-ST-ZIP TAMPA FL 33619

TITLE D
NAME BERNSTEIN, BRADFORD
STREET ADDRESS 3710 CORPOREX PARK DR. #300
CITY-ST-ZIP TAMPA FL 33619

TITLE D
NAME DOCTOROFF, DANIEL
STREET ADDRESS 3710 CORPOREX PARK DR. #300
CITY-ST-ZIP TAMPA FL 33619

TITLE D
NAME KWATI, BRIAN
STREET ADDRESS 3710 CORPOREX PARK DR. #300
CITY-ST-ZIP TAMPA FL 33619

TITLE D
NAME PARTICELLI, MARC
STREET ADDRESS 3710 CORPOREX PARK DR. #300
CITY-ST-ZIP TAMPA FL 33619

TITLE D
NAME MIZEL, ADAM
STREET ADDRESS 3710 CORPOREX PARK DR. #300
CITY-ST-ZIP TAMPA FL 33619

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman
1.2 NAME Thomas C. WAGNERT
1.3 STREET ADDRESS 3710 CORPOREX PARK DR. STE 300
1.4 CITY-ST-ZIP TAMPA, FL 33619

2.1 TITLE CFO
2.2 NAME Thomas S. TAYLOR
2.3 STREET ADDRESS 3710 CORPOREX PARK DR. STE 300
2.4 CITY-ST-ZIP TAMPA, FL 33619

3.1 TITLE DIRECTOR
3.2 NAME STEVE A. ROSENTHAL
3.3 STREET ADDRESS Aspen Corporate Park 2
3.4 CITY-ST-ZIP 1480 Route 9 North Woodbridge, NJ 07095

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

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

6.1 TITLE
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas S. Taylor 4-28-99 (813) 261-9300

CR2E034 (11/98)

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