

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90021 008 ***550.00

DOCUMENT # **L00875**

1. Corporation Name

PROFESSIONAL BENEFIT ADMINISTRATORS, INC.



Principal Place of Business

RICHARD A. WASHICK
65 SEMORAN BLVD. SUIT 1213
INTER PARK FL 32792

Mailing Address

% RICHARD A. WASHICK
1265 SEMORAN BLVD. SUIT 1213
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1989

4. FEI Number

59-2966135

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.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WASHICK, RICHARD A.
1265 S SEMORAN BLVD SUITE 1213
WINTER PARK FL 32792

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

I, 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

OFFICERS AND DIRECTORS

LE	PSD	<input type="checkbox"/> DELETE
WE	WASHICK, RICHARD A.	
REET ADDRESS	2435 SWEETWATER COUNTRY CLUB	
Y-ST-ZIP	APOPKA FL	
.E	VD	<input type="checkbox"/> DELETE
AE	KIRKLAND, ANGELIA J	
REET ADDRESS	1255 FERN FOREST RUN	
Y-ST-ZIP	OVIEDO FL	
.E	VTD	<input type="checkbox"/> DELETE
AE	WASHICK, ROBERT A	
REET ADDRESS	2435 SWEETWATER COUNTRY CLUB DRIVE	
Y-ST-ZIP	APOPKA FL	
E	EVP	<input type="checkbox"/> DELETE
WE	CANLAS, SONIA B	
REET ADDRESS	2435 SWEETWATER COUNTRY CLUB DR	
Y-ST-ZIP	APOPKA FL	
E		<input type="checkbox"/> DELETE
E		
REET ADDRESS		
Y-ST-ZIP		
E		<input type="checkbox"/> DELETE
E		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	XX
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

685 Cricklewood Terr.
Heathrow, Fl. 32746

VD

744 McLean Ct.

Orlando, Fl. 32825

VTD

685 Cricklewood Terr.
Heathrow, Fl. 32746

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Richard A. Washick**

7/9/99

Daytime Phone: **407-671-7331**

CR2E034 (5/99)