FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:19

DOCUMENT # L84273 (6)

1. Corporation Name
FAMILY BUSINESS CONSULTANTS, INC.

Principal Place of Business
6220 EVIAN PLACE
BOYNTON BEACH FL 33437

Mailing Address
6220 EVIAN PLACE
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business
26 2a. Mailing Address: C/O BENJAMIN BENSON
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.: 6220 EVIAN PLACE
23 City & State
28 City & State: BOYNTON BEACH FL
24 Zip
25 Country
29 Zip: 33437
30 Country: U.S.

4. FEI Number: 65-0252904 ☐ 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

MAURICE, SHELLEY B ESQ
11076 S. MILITARY TRAIL
BOYNTON BEACH FL 33436

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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS ☐ Change ☐ Addition
TITLE	TD	11 TITLE
NAME	BENSON, STEVEN	12 NAME
STREET ADDRESS	41 JANET ROAD	13 STREET ADDRESS
CITY-ST-ZIP	NEWTON CENTRE MA 02072	14 CITY-ST-ZIP
TITLE	PSD	21 TITLE
NAME	BENSON, ROBERT	22 NAME
STREET ADDRESS	30 CHERRYWOOD DR	23 STREET ADDRESS
CITY-ST-ZIP	STOUGHTON MA 02072	24 CITY-ST-ZIP
TITLE	V	31 TITLE
NAME	BENSON, LUCILLE T	32 NAME
STREET ADDRESS	6220 EVIAN PLACE	33 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH FL 33437	34 CITY-ST-ZIP
TITLE	V	41 TITLE
NAME	BENSON, ROBERT	42 NAME
STREET ADDRESS	30 CHERRYWOOD DRIVE	43 STREET ADDRESS
CITY-ST-ZIP	STOUGHTON MA	44 CITY-ST-ZIP
TITLE	S	51 TITLE
NAME	BENSON, STEVEN	52 NAME
STREET ADDRESS	41 JANET ROAD	53 STREET ADDRESS
CITY-ST-ZIP	NEWTON CENTRE MA	54 CITY-ST-ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

☒ Change ☐ Addition
NO CHANGE

☑ Change ☐ Addition
D V
NAME AND ADDRESS UNCHANGED

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition
B
BENJAMIN BENSON
6220 EVIAN PLACE
BOYNTON BEACH FL 33437

14. I do hereby certify that the information supplied with this filing is true and accurate 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 added above.

SIGNATURE: Benjamin Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BENJAMIN BENSON

1/26/95 (407) 732-6967
Date Daytime Phone #

0437744 FP