

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90137 049 \*\*\*\*61.25

**DOCUMENT # N46756**

1. Corporation Name

**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL S  
OCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALISTS**

Principal Place of Business

740 NE 199TH ST  
G202  
MIAMI FL 33179  
US

Mailing Address

740 NE 199TH ST  
G202  
MIAMI FL 33179  
US



2. Principal Place of Business

21 **5600 Broken Sound Blvd**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Shore Printing Systems**

27

City &amp; State

City &amp; State

23 **Boca Raton FL**

28

Zip

Country

Zip

Country

24 **33487**25 **USA**

29

30

3. Date Incorporated or Qualified

01/08/1992

4. FEI Number

65-0325256

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

9. Name and Address of Current Registered Agent

FURLONG, CAROLYN  
740 NE 199TH ST  
G-202  
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name

Kathleen Zerilli

82 Street Address (P.O. Box Number is Not Acceptable)

Shore Printing Systems

83

5600 Broken Sound Blvd

84 City

Boca Raton

85 Zip Code

FL

33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathleen M. Zerilli

4/26/99

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 ☐ DELETE

D  
NAME O'LEARY, GERALD J  
STREET ADDRESS 200 S. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

D  
NAME THOMPSON, ANNELLY  
STREET ADDRESS ONE EAST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

PD  
NAME FURLONG, CAROLYN I  
STREET ADDRESS 740 NE 199TH ST G-202  
CITY-ST-ZIP MIAMI FL 33179

TITLE ☒ DELETE

VPD  
NAME HOWARD, KATHLEEN  
STREET ADDRESS 1618 NW BOCA RATON BLVD  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

STD  
NAME ZERILLI, KATHLEEN  
STREET ADDRESS 5600 BROKEN SOUND RD  
CITY-ST-ZIP BOCA RATON FL 33487

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a l other like empowered.

SIGNATURE:

Kathleen M. Zerilli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(561) 997-3366

Daytime Phone #

CR2E037 (11/98)

0034895