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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **N46756**

1. Corporation Name

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

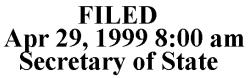
Principal Place of Business
740 NE 199TH ST
G202
MIAMI FL 33179
US

Mailing Address

740 NE 199TH ST G202

2a. Mailing Address

MIAMI FL 33179



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



3. Date Incorporated or Qualifed

\vdash	lace of Business O Broken Sound Blud	2a. Mailing Address	16	3. Date Incorporated or Qualifed 01/08/1992			
21 <u>5 60</u> Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	4. FEI Number	Anr	lied For	
	Printing Systems	27		65-0325256		Applicable	
City & Stat	e a / V	City & State		5. Certificate of Status Desired	\$8.75 A Fee Red		
Zip	Courtry	Zip	Country	6. Election Campaign Financing	\$5.00	Jav Be	
24 33 4	89 25 USA	29	0	Trust Fund Contribution	Added to	-	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
81 Name Kathleen Zerilli							
FURLONG, CAROLYN 82 Street Address (P.O. Bo) Number is Not Acceptable)							
740 NE 199TH ST				Cho Oce Frinting Systems			
0.000							
MIAMI FL 33179 84 City 85 Zip Code							
Marani 1 C 00173				exa Raton		3481	
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.							
4/2/199							
SIGNATURE	Signature, typed or printed name of registered agent	and title (applicable. (NOT E: R	egistered Agent signature re		E		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition	
NAME	O'LEARY, GERALD J		1.2 NAME				
STREET ADDRESS	200 S. BISCAYNE BLVD.		1.3 STREET ADDRESS			j	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		🔀 Change	Addition	
NAME	THOMPSON, ANNELY		2.2 NAME	na st. 100			
STREET ADDRESS	ONE EAST BROWARD BLVD.		2.3 STREET ADDRESS	435 Fairway DR. 312	667.		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP	1955 Fairway DR. Ste 104 Deerfield Beach, FL 33	<u> </u>		
TITLE	PD	C DELETE	3.1 TITLE	D_{i}	Change	☐ Addition	
NAME	FURLONG, CAROLYN I		3.2 NAME]	
STREET ADDRE 3S	740 NE 199TH ST G-202		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33179		3.4. CITY-ST-ZIP				
TILE	VPD	DELETE	4.1 TITLE	V	hange	Addition	
NAME	HOWARD, CATHLEEN		4. 2 NAME	Achord, E.W. LRE 4000 Wackenhat DR	•	,	
STREET ADDRE 3S	1618 NW BOCA RATON BLVD		4.3 STREET ADDRESS	YADO WICKENANT DR			
CITY-ST-ZIP	BOCA RATON FL 33432		4.4 CITY-ST-ZIP	Pelm Beach Gardons FL 33			
TITLE	STD	☐ DELETE	5.1 TITLE	P	Change	Addition	
NAME	ZERILLI, KATHLEEN		5.2 NAME				
STREET ADDRESS	5600 BROKEN SOUND RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	5/+	Change	Addition	
NAME			6.2 NAME	Luskin, Susan			
STREET ADDRE 3S			6.3 STREET ADDRESS	3939 Hallywood Blud.			
i			64 CiTY+ST+ZIP	Halleyman FL 37051			

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 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 1 other like empowered.