

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03164

(1)

1. Corporation Name

FINANCIAL BENEFIT GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:11

Principal Place of Business

7251 W.PALMETTO PARK RD.
BOCA RATON FL 33433

Mailing Address

7251 W.PALMETTO PARK RD.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1984

3a. Date of Last Report

02/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

11-2617082

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	CROHN, FRANK T.
STREET ADDRESS	6001 OLD CLINT MOORE RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	VSD
NAME	RUBERTONE, DONNA J.
STREET ADDRESS	3725 KINGS WAY
CITY - ST - ZIP	BOCA RATON FL
TITLE	VT
NAME	HOEFT, JERALD R.
STREET ADDRESS	18674 ANCHOR DR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	MILLER, SARI S
STREET ADDRESS	400 WEST END AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	BURNHAM, BRUCE L.
STREET ADDRESS	2011 FISHER ISL. DR.
CITY - ST - ZIP	FISHER ISLAND FL
TITLE	VD
NAME	SIMON, MARK A
STREET ADDRESS	57788 WATERFORD
CITY - ST - ZIP	BOCA RATON FL

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	P/D SIMON, MARK A.
6.3 STREET ADDRESS	5788 WATERFORD
6.4 CITY - ST - ZIP	BOCA RATON, FL 33496

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERALD R. HOEFT

Date

1/24/95 407-394-9400

Telephone (Area #)