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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000028515 (3)

FINANCIAL BENEFIT SERVICES, INC. Principal Place of Business Mailing Address 220 LOOKOUT PLACE 220 LOOKOUT PLACE SUITE 200 SUITE 200 MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1993 04/28/1995 2. Principal Place of Business 4. FFI Number 2a. Mailing Address Applied For 535 Versailles Dr. 535 Versailles Drive 59-3180034 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 100 Suite 100 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Maitland, FL Maitland, FL 23 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes.
Yes. No. Zφ Country Country US 32751 UŚ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOODALE, KATHERINE B. GOODALE, KATHERINE B Street Address (P.O. Box Number is Not Acceptable) 535 Versailles Drive, Suite 100 82 220 LOOKOUT PLACE **SUITE 200** 83 MAITLAND FL 32751 84 City 85 Zip Code 32751 Maitland 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. Thereby accept the appointment as registered agent. I am Jorida Statutus. 4-26.96 SIGNATURE > CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. President TITLE DELETE 1 1 11/16 Change Addition Goodale, Katherine B. GOODALE, KATHERINE B NAME 1.2 NAME 220 LOOKOUT PL 200 535 Versailles Drive, Suite 100 STREET ADDRESS 1.3 STREET ADDRESS Maitland, FL 32751 MATTLAND FL CHY-ST-ZIE 1.4 CITY - ST - ZIP TITLE [] DELFTE 2.1 [[[]]] Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CrTY-ST-ZiP 24 CITY ST-ZIP DEFETE TATLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 City ST-ZIP CiTY-ST-ZiP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CHTY - ST - ZIP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y+S1+Z)P TITLE DELETE 6 THUE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 O(TY ST-Z/P) 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and clues not qualify for the exemption stated in Section 119.07(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 early 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

FICER OR DIRECTOR

4-26-96 Daylore Proce &