

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 14 1996 8:00 am  
Secretary of State

DOCUMENT # P94000077030 (2)

1. Corporation Name

MUTUAL BENEFITS CORP.

Principal Place of Business

Mailing Address

2881 E. OAKLAND PK. BLVD.  
SUITE 200  
FT. LAUDERDALE FL 33306  
US

333 SUNSET DRIVE, #306  
FT. LAUDERDALE FL 33301



3. Date Incorporated or Qualified  
10/18/1994

3a. Date of Last Report  
06/14/1995

4. FEI Number  
65-0528700

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

2881 E. OAKLAND PK. Bld

Suite 200

Ft. Lauderdale, FL

33306

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAEGER, EGBERT  
119 NORTH EAST 19TH COURT, #110 G  
FT. LAUDERDALE FL 33301  
2996 NE 15th Terrace

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 of individual or printed name of registered agent and the applicable

(NOT Registered Agent Signature required when changing)

Date

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME STEINGER, LESLIE  
STREET ADDRESS 333 SUNSET DRIVE, #306  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

11 TITLE ☒ Change ☐ Addition

TITLE D ☐ DELETE  
NAME LOMBARDI, PETER  
STREET ADDRESS 88 STRAWTOWN ROAD  
CITY-ST-ZIP WEST NYACK NY 10994

21 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

24 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

25 TITLE ☐ Change ☐ Addition

26 NAME  
27 STREET ADDRESS  
28 CITY-ST-ZIP

5555 N. Ocean Blvd. #64  
Ft. Lauderdale, FL 33308

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 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 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.

SIGNATURE:

Peter Lombardi, Director 6/11/96 564-7790

CR2E034 (3/96)