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. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000077030 (2)

MUTUAL BENEFITS CORP.

FILED Jun 14 1996 8:00 am Secretary of State



Principal Place of Business		Mailing Address		T TO BELLE BY THE TOTAL BURNE WORKS WORKS DOWN SOUTH TOTAL BURNE BURNE WORLD AND I SOUTH	
SUITE 200	LAND PK. BLVD. NALE FL 33306	333 SUNSET DRIVE, #306 FT. LAUDERDALE FL 33301	1		
US LAGGERD	ALE TE WOOD			 Date Incorporated or Qualified 10/18/1994 	3a. Date of Last Report 06/14/1995
2. Principal Pi	ace of Business	2a. Mailing Address 26 2881 & DR	Kland PK. Bl	4, FEI Number 65-0528700	Applied For Not Applicable
Suite Apt #	#, etc	Sulte, Apt # etc		5. Certificate of Status Desired	\$8.75 Additional
22		27 Suite 20	X	3. Contracted of Council	Fee Required
City & State		City & State	1.) C	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Ft. LANDE	ranje, t.	Trust Fund Contribution	Added to Fees
24	25)	29 33306 3	USA	This corporation has liability for it Florida Statutes	Intangible tax under singgible (ax under singgible).
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Re	<u> </u>
1A1			81 Name		
JAEGER, EGBERT 1.19 NORTH EAST 19TH COURT, \$110 G- 82 Stree			82 Street Ad	dress (P.O. Box Number is Not Acceptate	International Control of the Control
	LAUDERDALE FL 3330 4	# 110 0	Silect Att	pred Address (F.O. Box Multiper is Not Acceptaine)	
гі. Эл	996 HE 15th Terr	-0.4.60	63		
<i>a</i>	946 HE ISA TEN	ACC	64 City		85 Zip Code
			64 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607 1508, Florida Statutes,	the above-named cor	poration submits this statement for the pu	irpose of changing its registered
office or re agent. Lar	egistered agent, or both, in the State m familiar with lind accept the obliga	of Florida. Such change was auti alions of .Section 607 0505, Florid	honzed by the corpora da Stat uta s.	poration submits this statement for the pushion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Mille	fame.			6/11/ac
	Signature, typical or printed name of registered ago	nt and the diapplicative (NOTE	Fingestered Agent signali ir e re-	noted when in staticy)	GATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1 1 TITLE		Change Addition
NAME	Steinger, Leslie		1.2 NAME		
STREET ADDRESS	333 SUNSET DRIVE, #306		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	Double to	1.4 CITY - S1 - ZIF		DA Character I de de la constante de la consta
TITLE	D DETER	DELETE	21111.6		Change Addition
NAME	LOMBARDI, PETER		2.2 NAME	EESS N. Green B	wd. #1.4
STREET ADDRESS	88 STRAWTOWN ROAD		2 3 STREET ADDRESS	5555 N. Ocean B' Ft. Lauderdale, F	7770
CITY - ST - ZIP	WEST NYACK NY 10994	DELETE	2 4 CITY - ST - ZIF 3 1 TITLE	rt. LHUWETCHIE, F	L. 33308 Change Addition
TIFLE		L. DELETE	31 TILE 32 NAME		C ouende C voartant
NAME CAREET ADDRESS			3.3 STREET ADORESS		
STREET ADDRESS					
CITY - ST - ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME		—	5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - SI - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-S1-7IP		
14 Ldo beset	by certify that the information empole	d with this filing is voluntarily form		ialify for the exemption stated in Section 1	(19 07(3)(k) Florida Statutes I

I do nereby certry that the imprimation supplied with this filing is voluntarily turnished 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 legisl effect as if made under oath, that I am in fifteer 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 proc 12 or Block is if changed, or on an attachment with an address.

SIGNATURE:

Peter Lombardi, Director 6/11/96 564-7990