FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # 94000077030

1. Corporation Name

AMENDED

Mutual Benefits Corp.

Principal Place of Business	Mailing Address
2881 E. Oakland Park Blvd. Suite 200 Fort Lauderdale, FL 33306	2881 E. Oakland Park Blvd. Suite 200 Fort Lauderdale, FL 33306

3. Date Incorporated or Qualified: 10/18/94
3a. Date of Last Report: 02/28/97

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: 65-0528110 ☐ 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

9. Name and Address of Current Registered Agent

Michael J. McNerney
Brinkley, McNerney, Morgan, et al.
200 East Las Olas Blvd., Suite 1800
Fort Lauderdale, FL 33305

10. Name and Address of New Registered Agent

81 Name: Michael J. McNerney
82 Street Address (P.O. Box Number is Not Acceptable): Brinkley, McNerney, Morgan, et al.
83 200 East Las Olas Blvd., Suite 1800
84 City: Fort Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0202 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

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	Leslie Steinger	
STREET ADDRESS	333 Sunset Drive, #305	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	Peter Lombardi	
13 STREET ADDRESS	2712 N.E. 4th Street	
14 CITY-ST-ZIP	Pompano Beach, FL 33062	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

SIMON23182749--7
-12/24/97--01092--003
*****26.25 *****26.25

SIMON23182749--7
-12/24/97--01092--004
*****35.00 *****35.00

A. Alan
12/19/97

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: X Peter Lombardi December 3, 1997 (954) 564-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Peter Lombardi