

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077364 (5)

1. Corporation Name

LIVING BENEFITS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

3923 HAYNES CIRCLE
CASSELBERRY FL 32707
US

3923 HAYNES CIRCLE
CASSELBERRY FL 32707
US

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3274557

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No *Not at this time*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, DAVID L
914 CEDAR DRIVE
BROOKSVILLE FL 34601

81 Name

(same)

82 Street Address (P.O. Box Number is Not Acceptable)

76 Lark Ave.

83

84 City

(same)

FL

85 Zip Code

34601

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

David L. Gray

David L. Gray

4/29/96

Signature, typed or printed name of registered agent and the appointor (if not the Registered Agent, sign and print name of appointing officer)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRAY, DAVID L	
STREET ADDRESS	914 CEDAR DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HASTINGS, DONALD B	
STREET ADDRESS	787 KEENELAND PIKE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPARROW, ROBERT W	
STREET ADDRESS	3923 HAYNES CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<i>ST, CEO, CFO, D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	<i>76 LARK AVE.</i>	
4. CITY-ST-ZIP		
5. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME		
7. 3. STREET ADDRESS		
8. 4. CITY-ST-ZIP		
9. 1. TITLE	<i>Vs Chairmen D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. 2. NAME		
11. 3. STREET ADDRESS		
12. 4. CITY-ST-ZIP		
13. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 2. NAME		
15. 3. STREET ADDRESS		
16. 4. CITY-ST-ZIP		
17. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 2. NAME		
19. 3. STREET ADDRESS		
20. 4. CITY-ST-ZIP		
21. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. 2. NAME		
23. 3. STREET ADDRESS		
24. 4. CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David L. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

Page 5
3525
421-2207

Date of Filing

CR2E034 (12/95)