FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 3-1-96 B-19112 C

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

DOCUMENT # P95000022456 (4)

1. Corporation Name
TRI BENEFITS GROUP, INC.

Principal Place of Business
3300 UNIVERSITY DRIVE
SUITE 401
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DRIVE
SUITE 401
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:

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: 65-0567996 — 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
SCHULER, BRADLEY W
2898 UNIVERSITY DRIVE
SUITE 64
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name: BRIAN Scott ISABELLA
82 Street Address (P.O. Box Number is Not Acceptable): 3300 University Drive suite #401
83
84 City: Coral Springs FL 85 Zip Code: 33065

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: Brian Scott Isabella / President — 2/27/96
Signature of registered agent or the President (NOTE: Registered Agent signature required when resigning) — Date

12. OFFICERS AND DIRECTORS

TITLE	President	☒ DELETE
NAME	Michael P. Caplan	
STREET ADDRESS	3300 University Dr #401	
CITY-ST-ZIP	Coral Springs, FL. 33065	
TITLE	Secretary	☒ DELETE
NAME	Ned A. Orstracher	
STREET ADDRESS	2091 NW 87 TERR.	
CITY-ST-ZIP	Coral Springs, FL. 33071	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	BRIAN Scott ISABELLA	
1.3 STREET ADDRESS	4041 NW 9 Ave #6	
1.4 CITY-ST-ZIP	Pompano Beach, FL. 33064	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Brian Scott Isabella / BRIAN Scott ISABELLA 2/27/96 (954) 752-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #