FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 9350 SOUTH DIXIE HWY

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000033621**1. Corporation Name

Principal Place of Business

9350 SOUTH DIXIE HWY

CUSTOM BENEFIT PROGRAMS OF FLORIDA, INC.

MIAMI FL 33156 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE					
US		<u>US</u>			3. Date Incorporated or Qualifed						
						-	04/21/1995				
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number		App	lied For	
21		26	26				65-0592454		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt.			#, etc.			١.	0 17 1 101 1 101	\$8.	75 Ac	iditional	
22		27				5.	Certificate of Status Desired	Fe	e Req	uired	
City & State City & State						6	Election Campaign Financing	\$5	.00 \	lay Be	
23 28						- 1	Trust Fund Contribution	Added to Fees			
Zip				Country			This corporation owes the current year	ar Intangible			
_				,		Personal Property Tax.					
24 29 30 30 9. Name and Address of Current Registered Agent					. 10. Name and Address of New Registered Agent						
3. Name and Address of Current Registered Agent					81 Name						
COBER CORPORATE AGENTS, INC.				VI NUME							
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR				2	Street Addre	ess (P.	O. Box Number is Not Acceptable)				
MIAMI FL 33133				* *							
14117-(1	WI 1 E 33 133	:	83	1							
A	•		84	:	City			85	Zip C	ode	
					•		<u>:</u>	FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statustes, 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											
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.											
188 The Control of th											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	ent s	signature required	d when re	instating) DA1	TE .			
12.	OFFICERS ANI		13.			Α	DDITIONS/CHANGES TO OFFICER	S AND DIRE	CTOF	RS IN 12	
TITLE 19	D	☐ DELETE	1.1 TITLE				a jarang sa s	Ch	ange	☐ Addition	
NAME	LIEDMAN, Y. STEPHEN		1.2 NAME								
STREET ADDRESS 9350 SOUTH DIXIE HIGHWAY, PH-1			1.3 STREE	1.3 STREET ADDRESS							
CITY-ST-ZIP MIAMI FL 33156			1.4 CITY-	ST.	.7IP						
TITLE	1117 4111 1 2 33 133	☐ DELETE	2.1 TITLE					□ Ch	ange	Addition	
		_	2.2 NAME								
NAME			2.3 STREE		*DDDECC						
STREET ADDRESS											
CITY-ST-ZIP	F 24 Sec. 4 3	T PEIETE	2. 4 CITY-		-ZIP			Ch	ange	Addition	
mme OOA	本教の人をでしなる。中女女子で「	ONLY SOLD DELETE	3.1 TITLE						ungo		
NAME	Partie of a later of		3.2 NAME								
STREET ADDRESS	871. 5 G		3.3 STREE	ET A	ADDRESS		A Secretary of the Secretary		7	** ***	
CITY-ST-ZIP	3.4.			3.4. CITY-ST-ZIP			3 (1832)		<u> </u>		
TITLE ,		☐ DELETE	4.1 TITLE					☐ Ch	ange	☐ Addition	
NAME			4. 2 NAME	Ė							
STREET ADDRESS		2.00	4.3 STREE	ET A	ADDRESS						
CITY-ST-ZIP	440		4.4 CITY-	ST-	ZIP /		·				
TITLE			5.1 TITLE					☐ Ch	ange	☐ Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STRE	ET A	ADORESS						
	₹		5.4 CITY-	ST-	-ZIP					ļ	
CITY-ST-ZIP	Supplemental Company of the Company	□ DELETE	6.1 TITLE	_					ange	☐ Addition	
	ESS TOTAL CONTRACTOR	Charage Tall	6.2 NAME					_	-	ļ	
NAME	TO SERVE TO SERVE	EL LENGTH CO.			ADDRESS						

6.4 CITY-ST-ZIP

I 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 of any attachment with an address, with all other like empowered.

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90072 009 ***150.00

SIGNATURE