

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 035 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000069349

1. Corporation Name

BENEFIT ADMINISTRATORS, INC.

Principal Place of Business

1609 TOWNE CENTRE BLVD.
WESTON FL 33326

Mailing Address

1609 TOWNE CENTRE BLVD.
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

~~65-0611030~~ 65-0601030

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 owes the current year
Intangible Personal Property.

☒ Yes

☐ No

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

9. Name and Address of Current Registered Agent

SALVER, PAUL
5881 NW 151 ST #101
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GOODMAN, PARRY
STREET ADDRESS 2905 LUCKIE ROAD
CITY-ST-ZIP WESTON FL 33331

TITLE SD ☐ DELETE

NAME GOODMAN, IVY
STREET ADDRESS 2905 LUCKIE ROAD
CITY-ST-ZIP WESTON FL 33331

TITLE VP ☐ DELETE

NAME FIARMAN, WALTER
STREET ADDRESS 11001 N.W. 13 COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VP ☐ DELETE

NAME BENEDEK, SUSAN S.
STREET ADDRESS 4199 NW 67th TERR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

14. 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 on an attachment with an address.

SIGNATURE:

7/14/99 934-384-1000

CR2E034 (5/99)

BMC

BENEFIT MANAGEMENT COMPANY

593829 -90013-35
P95 000069349

1609 Town Center Blvd.
Ft. Lauderdale, FL 33326

Telephone 954-384-1000
Facsimile 954-384-4303

July 14, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FEIN # 65-0601030

Dear Sirs:

Benefit Administrators, Inc., never recieved the first form. If there are any questions, I can be reached at ext. 122.

Sincerely,



Lisette M. Quintana
Controller