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FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000072562 (8)

1. Corporation Name
BENEFITS FINANCIAL GROUP, INC.

Principal Place of Business

4069 SE SALERNO ROAD
STUART FL 34997
US

Mailing Address

4069 SE SALERNO ROAD
STUART FL 34997-8820
US



2. Principal Place of Business

21 513 U.S. Hwy ONE

Suite, Apt. #, etc.
213

City & State

23 North Palm Bch FL

Zip
33408

Country
P. Bch

2a. Mailing Address

26 51305 Hwy ONE

Suite, Apt. #, etc.
213

City & State

28 North Palm Bch FL

Zip
33408

Country
P. Bch

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

03/12/1996

4. FEI Number

APPLIED FOR

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

LESSER, GARY S
909 N DIXIE HWY
W PALM BEACH FL 33401

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 VP
NAME KAZINEC, LARRY
STREET ADDRESS 3501 VILLAGE BLVD 402
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE P
NAME EFFERT, JERRY L
STREET ADDRESS 12394 A-1-A, SUITE 2
CITY-ST-ZIP PALM BEACH GARDENS FL

☒ DELETE

TITLE T
NAME SCHWARTZ, SCOTT
STREET ADDRESS 6906 69TH WAY
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME LARRY KAZINEC
1.3 STREET ADDRESS 513 U.S. Hwy ONE #213
1.4 CITY-ST-ZIP N. P. Bch FL 33408

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 on an attachment with an address.

SIGNATURE:

Larry Kazinec President

4/29/97

(561) 842-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0472434

CP2E034 (9/96)