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FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000078852 (7)

1. Corporation Name

EMPLOYEE MANAGED BENEFITS, INC.



Principal Place of Business

6278 N. FEDERAL HWY., STE. 108  
FT. LAUDERDALE FL 33308

Mailing Address

6278 N. FEDERAL HWY., STE. 108  
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0615675

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHROTER, CARLA V  
2557 SE 111TH STREET  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name HARRY H. MARKLIN

82 Street Address (P.O. Box Number is Not Acceptable)  
2557 SE 111TH STREET

83

84 City POMPANO BEACH

FL

85 Zip Code 33062

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 HARRY H. MARKLIN, CEO

Harry H. Marklin

4-13-98

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 P  
NAME SCHROTER, CARLA  
STREET ADDRESS 2557 SE 111TH STREET  
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE CEO  
NAME P9300001938948  
STREET ADDRESS 2557 SE 111TH STREET  
CITY-ST-ZIP POMPANO 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO  
1.2 NAME HARRY H. MARKLIN  
1.3 STREET ADDRESS 2557 SE 111TH STREET  
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062 ☒ Change ☒ Addition

2.1 TITLE PRESIDENT  
2.2 NAME HARRY H. MARKLIN  
2.3 STREET ADDRESS 2557 SE 111TH STREET  
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062 ☒ 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 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: HARRY H. MARKLIN CEO Harry H. Marklin 4-13-98 954 941-3155

CR2E034 (10/97)