

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

FILED
Mar 27 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 # P95000092746 (3)

1. Corporation Name

DIVERSIFIED BENEFITS SOLUTIONS, INC.

Principal Place of Business

6950 CENTRAL AVENUE, #160
ST. PETERSBURG FL 33707

Mailing Address

6950 CENTRAL AVENUE, #160
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

59-3352729

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 6107 SCHOONER WAY

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33615

Country

2a. Mailing Address

26 6107 SCHOONER WAY

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33615

Country

30

9. Name and Address of Current Registered Agent

CHIN, DANNY
6950 CENTRAL AVENUE, #160
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

6107 SCHOONER WAY

83

84 City

TAMPA

FL

85 Zip Code

33615

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 DV ☐ DELETE

NAME CHIN, DANNY
STREET ADDRESS 6950 CENTRAL AVENUE, #160
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DP ☐ DELETE

NAME CHIN, BRENDA
STREET ADDRESS 6950 CENTRAL AVE #160
CITY-ST-ZIP ST. PETERSBURG FL

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6107 SCHOONER WAY
TAMPA, FL 33615

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6107 SCHOONER WAY
TAMPA, FL 33615

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

D. Chin

3/24/98 815-360-3143

CR2E034 (10/97)