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FILED  
May 02 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 # P96000000773 (7)

1. Corporation Name  
BENEFICIAL INFORMATION SERVICES, INC.

Principal Place of Business  
5100 S. CLEVELAND AVENUE  
SUITE 318-357  
FT. MYERS FL 33907

Mailing Address  
5100 S. CLEVELAND AVENUE  
SUITE 318-357  
FT. MYERS FL 33907-2136

3. Date Incorporated or Qualified  
01/03/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business  
21 508 Richmond Ave. N  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number  
65-0629671

Applied For  
Not Applicable

22 City & State  
23 Lehigh Acres, FL

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
33902

25 Country  
USA

29 Zip  
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	VOELTZ, SHARRON L	
STREET ADDRESS	% 5100 S. CLEVELAND AVE. SUITE 318-357	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	DELETE
NAME	VOELTZ, WILLIAM D	
STREET ADDRESS	% 5100 S. CLEVELAND AVE. SUITE 318-357	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	DELETE
NAME	DISBENNET, LISA K	
STREET ADDRESS	% 5100 S. CLEVELAND AVE. SUITE 318-357	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

(941) 489-885

Date

Daytime Phone

0390242

CR2E034 (9/96)