PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045199

BENEFIT MANAGEMENT GROUP, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90031 031 ***150.00



					. (BBI)BBI ren idret inner nerte nert			
Principal Place of Business Mailing Address					·			
505 SOUTH FLAGLER DRIVE 505 SOUTH FLAGLER DRIVE								
SUITE 1100 SUITE 1100			•		DO NOT WRITE	E IN THIS SPACE		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			1		3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
3					05/14/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number 65-(763010 A	pplied For	
21 /2788	W. FOREST HILL BL	- 1 202			NOT APPLICABLE		ot Applicable	
Suite, Apt. #, etc. 22 Suite Apt. #, etc. 27 Suite, Apt. #, etc. 27			5. Certificate of Status Desired See Required		Additional equired			
City & Stat		City & State			6. Election Campaign Financing	_ \$5.00	May Be	
23 WELLINGTON PL 28					Trust Fund Contribution Added to Fees			
Zip 334	Country		Country		8. This corporation owes the curre	nt year Intangible		
334	414 25 PAIN BC4	29 30			Personal Property Tax.	Yes	□No	
24 2 4	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent		
	3. Name and Address of General		81	Name	4			
HENRY, THORNTON M								
505 SOUTH FLAGLER DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1100								
	T PALM BEACH FL 33401		83					
1120	TALIII BEAGITTE GOTOT		84	City		85 Zip	Code	
					orporation submits this statement for the p	FL 00 2.5		
office or r	egistered agent, or both, in the State on the state of the cooling	of Florida. Such change was author lions of, Section 607.0505, Florida S	ized by Statutes.	ine corpor	ation's position of directors. Thereby accept	DATE DATE		
7,7000				tered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	PSD OFFICERS AIVE		1.1 TITLE	T	ADDITIONS OF THE CO.	Change	☐ Addition	
TITLE	'	_	1.2 NAME			• •		
NAME	EVELYN, KENNETH M				12788 W FOREST H WELLINIGTON PL	JLL BLVO.	#	
STREET ADDRESS	301 CLEMATIS ST, STE 204	4		ADDRESS	DECEMBER OF B	22///	1002	
CITY-ST-ZIP	W PALM BEACH FL 33401		1.4 CITY-ST	-ZIP	WELLINIGIUN /L	Change	Addition	
TITLE	VPD	☐ DELETE . 2	2.1 TMLE		•	Charige	[_] Addition	
NAME	EVELYN, SCOTT E		2.2 NAME		•			
STREET ADDRESS	301 CLEMATIS ST, STE 204		2.3 STREET	ADDRESS	SAME			
CITY-ST-ZIP	W PALM BCH FL 33401		2. 4 CITY-S	T-ZIP	Delitio			
TITLE	T	☐ DELETE : 3	31 TITLE		AS	Change	☐ Addition	
NAME	EVELYN, SHEILA	;	3.2 NAME			•	•	
STREET ADDRESS	ANA CLEMATIC CT CTE ON	. :	3.3 STREET	ADDRESS	ABout			
CITY-ST-ZIP	W PALM BCH FL 33401	l :	3.4. CITY-S	T-ZIP	11/000			
TITLE	D		4.1 TITLE	-	Enn	Change	☐ Addition	
NAME	HICKEY, KEVIN	.	4. 2 NAME		FULL	. •		
STREET ADDRESS	ANA OFFICE OF OTE ON		4.3 STREET	ADDRESS	ALL	•		
	W PALM BCH FL 33401		4.4 CITY- ST		ALL			
CITY-ST-ZIP	D		5.1 TITLE	- 417		Change	☐ Addition	
TITLE	RASMUSSEN, WILLIAM		5.2 NAME			₹		
NAME			5.3 STREET	ADDRESS				
STREET ADDRESS					•	-		
CITY-ST-ZIP	W PALM BCH FL 33401	. \	5.4 CITY-S 6.1 TITLE	-417	VP	Change	Addition	
TITLE	VP	7		ا.			A Cidamot	
NAME	SALTER, DAVID	, , ,	6.2 NAME			HILL BLV	0 #	
STREET ADDRESS			6.3 STREET	ADDRESS	12788 W FOREST		1/002	
	IN DALM DOLLER 22404	1 1.	CACITY C	ا مرد ا	INCHAINSTON FO	マネバルリ		

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 occiver of 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, with all other like empowered.

SIGNATURE: