

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90089 033 ***158.75

DOCUMENT # P97000052614

1. Corporation Name

FLORIDA BENEFIT PLANS, INC.

Principal Place of Business
317 DORCHESTER
PORT CHARLOTTE FL 33954

Mailing Address
317 DORCHESTER
PORT CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0773170

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 10 Benefit Plans of Wisconsin, Inc.

2a. Mailing Address

26 10 Benefit Plans of Wisconsin, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 12720 W. North Avenue

27 12720 W. North Avenue

City & State

City & State

23 Brookfield, WI

28 Brookfield, WI

Zip Country

Zip Country

24 53005 25 U.S.A.

29 53005 30 U.S.A.

9. Name and Address of Current Registered Agent

ANDERSON, SHELLY
317 DORCHESTER
PORT CHARLOTTE FL 33954

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

Thomas G. Naumann

3-17-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE President
NAME NAUMANN, THOMAS G
STREET ADDRESS 8225 W. CENTER STREET
CITY-ST-ZIP MILWAUKEE WI 53222

☐ DELETE

TITLE Secretary
NAME ANDERSON, KATHY
STREET ADDRESS 2117 N. 04TH STREET
CITY-ST-ZIP WAUWATOSA WI 53226

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

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 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, with all other like empowered.

SIGNATURE

THOMAS G. NAUMANN

3-19-99

Date

414-289-1550

Daytime Phone #

CR2E034 (1/1/98)

04/52057