

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

DOCUMENT # P97000087834

1. Corporation Name

FINANCIAL SYNERGIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3801 N UNIVER DR
STE 200 317
SUNRISE FL 33351
US

3801 N UNIVERSITY DR
STE 200-317
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

65-0787800

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDOW, K RICHARD

2300 NE 33RD AVE NO. 606

FT LAUDERDALE FL 33306-1886

3801 N UNIVERSITY DR
#317
SUNRISE, FL 33351

81 Name

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

83

84 City

300002905023-1

06/15/99-01050-016

*****600.00 *****150.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD SHERMAN, DAVID

STREET ADDRESS 4470 NW 74TH AVE

CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE

NAME VSD

STREET ADDRESS LINDOW, K RICHARD J

CITY-ST-ZIP 2300 NE 33RD AVE NO. 606

FT LAUDERDALE FL 33305-1886

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SHERMAN

Date

(954) 749-8550

Daytime Phone #

CR2E034 (1/98)

2

Cambels Benefits Group, Inc.

June 9, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: CAMBELS BENEFITS GROUP, INC. 65-0727679
FINANCIAL SYNERGIES, INC. 65-0787800
INTERNATIONAL ASSOCIATION OF BARTENDERS & SERVERS, INC. 65-0787793
IABC 65-0819995

Gentlemen:


Enclosed please find our check #2441 in the amount of \$600.00 to cover the filing fees for the above corporation.

We had mailed the forms prior to the May 1st deadline and when the checks did not clear our bank we call your office for confirmation of receipt at which time we were told that they had not been received. I spoke with a Ms. Sellers who has documented our conversation and mailed us the enclosed (copy attached), and who said I could mail in the check for the \$150.00 per company and include a photo copy of our original forms.

I hope that this is satisfactory to keep our companies registered with the state.

Thank you.

Sincerely,


David A. Sherman

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

0301028

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000010624

1. Corporation Name
CAMBELS BENEFITS GROUP, INC.

99 JUN -9 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4470 N.W. 74TH AVENUE
LAUDERHILL FL 33319

Mailing Address
4470 N.W. 74TH AVENUE
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

65-0727679

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 3801 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22 SUITE 317

City & State

23 SUNRISE, FL

Zip

24 33351

Country

25 U.S.A.

2a. Mailing Address

26 3801 N. UNIVERSITY DR.

Suite, Apt. #, etc.

27 SUITE 317

City & State

28 SUNRISE, FL

Zip

29 33351

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SHERMAN, DAVID A
4470 N.W. 74TH AVENUE
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box or Mailing Address)

B3

B4 City

B5 Zip Code

000002005020--0

-06/15/93--01050--016

****600.00 ****150.00

FL

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☐ DELETE

NAME SHERMAN, DAVID A
STREET ADDRESS 4470 N.W. 74TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE PD ☐ Change ☐ Addition

NAME SHERMAN, DAVID A.
STREET ADDRESS 3801 N. UNIVERSITY DR., SUITE 317
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. SHERMAN

(954) 747-6815

Date

Daytime Phone #

CR2E034 (11/98)

②

Cambels Benefits Group, Inc.

June 9, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: CAMELS BENEFITS GROUP, INC. 65-0727679
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