**FILED** Mar 10, 1999 8:00 am

**Secretary of State** 

03-10-1999 90100 036 \*\*\*150.00

## 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 # P98000015570

1. Corporation Name

KING BENEFITS, INC.

1												
Principal Place	of Business	Mailing A	Address					i ( <b>Abilāb</b> i es <b>a ib</b> cai i <b>š</b> ite abesi	<b>18</b> 11 <b>44</b> 111 <b>48</b> 141	li <b>ddi d</b> iidd diini i	1811 8811 1891	
4200 WACKENHUT DRIVE #100 4200 WACKENHUT DRIVE #												
PALM BEACH GARDENS FL 33410-4243 PALM BEACH GARDENS FL 3								DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualife 02/17/1998	d .			
Principal Place of Business 2a. Mailing Address								FEI Number		App	lied For	
21		26	26					65-08256	<u> </u>	Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 A		
22		27					3.	Certificate of States Desires		Fee Rec	juired	
City & State	•	City	& State				6.	Election Campaign Financing	) _ <del>_</del> _	\$5.00		
23		28	'					Trust Fund Contribution		Added to	Fees	
Zip	Country Zip				Country			This corporation owes the cu	rrent year Int		¬	
24	25	29		30				Personal Property Tax.	<u> </u>		□No	
	9. Name and Address of Currer	nt Registered	Agent				10.	Name and Address of New	Registered	Agent		
				[1	81	Name						
ROWAN, JAMES P					82 Street Address (P.O. Box Number is Not Acceptable)							
4200 WACKENHUT DRIVE #100						Oli Ooli 7	, 100,000 (					
PALM BEACH GARDENS FL 33410-4243					83				-	• •	į	
				-						7:- 0	- 4-	
					84	City			FI	85 Zip C	ode	
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Suc	ch change was aut	tnonzea	DY I	ine corpo	corporation oration's boa	submits this statement for the ard of directors. I hereby acc	e purpose of ept the appo	changing its r ntment as reg	egistered istered	
SIGNATURE			Alote 6	Degistered A	Agent	t eksoatura ro	required when re	, and to the content of the content	DATE		\	
Oginior, spec of printer and p					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DINECTO!	DELETE	1.1 TIIL	E		<del></del>	00111011010101011111020 10 0		☐ Change	Addition	
i i	WACKENHUT, GEORGE R		<u> </u>	1.2 NAN							İ	
NAME	4200 WACKENHUT DRIVE #1	00				4000000					ļ	
STREET ADDRESS	DALLA DEACH CADDENC EL COMO 4040				1.3 STREET ADDRESS						ł	
CITY-ST-ZIP		3410-4243	□ DELETE			-ZIP				Change	Addition	
TITLE	_		□ pere⊥e	2.1 TITLE 2.2 NAME						9-		
NAME	WACKENHUT, RICHARD R	.00										
STREET ADDRESS	4200 WACKENHUT DRIVE #1			1		ADORESS					}	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410-4243	DELETE	2. 4 CIT		T- ZIP	~			Change	Addition	
TITLE	D COPERT O		□ nereie	3.1 TIT		Ì	cec			- Commission	7	
NAME	KNEIP, ROBERT C			3.2 NAM			SAM	ے				
STREET ADDRESS	4200 WACKENHUT DRIVE #1			3.3 STF	REET	ADDRESS	(					
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	<u>3410-4243</u>		3.4. CIT		T-ZIP	<u>v</u>	<del></del>	<del></del>		Addition	
TITLE	D		☐ DELETE	4.1 TTT				45UEE		99	□ Addition	
NAME	MAYOTTE, TERRY P			4. 2 NA	ME	1	SAM	n &	•		Ì	
STREET ADDRESS	4200 WACKENHUT DRIVE #1			4.3 STF	REET	ADDRESS	1				Ì	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410-4243		4.4 CIT	Y-\$1	r-ZIP	<u></u> →	<u> </u>				

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 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 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 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 further certify that the information indicated on this 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 further certification in the receiver of the corporation of the corporation of the corporation of the corporation or the receiver or further certification in the receiver of the corporation of the

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NUSBAUM, SANDRA L

4200 WACKENHUT DRIVE #100

PALM BEACH GARDENS FL 33410-4243

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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DELETE

DELETE

4200 WACKEDHUT DC. +100

4200 UnckedHUT Drive, # 100

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PAIN BELCH GARDENS

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IAN A. GLEEN

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Daytime Phone #

**D**EDidition