Secretary of State

03-10-1999 90100 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015581

1. Corporation Name

PROFESSIONAL EMPLOYEE MANAGEMENT BENEFITS, INC.

Principal Place of Business Mailing Address						Sini Abibi (1881 Alibi ambi (9181 1181 1981	
4200 WACKENH	UT DRIVE #100	4200 WACKENHUT DRIVE #100				-	
PALM BEACH GARDENS FL 33410-4243 PALM BEACH G			33410-424	13	DO NOT MIDITE	IN THE COACE	
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					,	Į.	
		T = NATE Address			02/17/1998 4. FEI Number	Applied For	
-	ace of Business	2a. Mailing Address			5-0825614	Not Applicable	
21		26			65 0025 0.1	\$8.75 Additional	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
			8	11 Name			
ROWAN, JAMES P				2 Street	Address (P.O. Box Number is Not Acceptable)	
4200 WACKENHUT DRIVE #100				- 0001			
PALM BEACH GARDENS FL 33410-4243			8	3			
			ļ.	4 City		85 Zip Code	
				14 City	•	FL S Z S S	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with, and accept the obligati	of Florida. Such change was au	thorized t	by the corp	I corporation submits this statement for the pur poration's board of directors. I hereby accept the	pose of changing its registered e appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE:	Registered A	nent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.	gon orginalis	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE T	0	☐ DÉLETE	1.1 TITLE	<u> </u>		. Change Addition	
NAME	WACKENHUT, GEORGE R		1.2 NAM	E			
STREET ADDRESS	4200 WACKENHUT DRIVE #10	10		ET ADDRESS			
· · · · · · · · · · · · · · · · · · ·	PALM BEACH GARDENS FL 33		1	-ST-ZIP			
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITU			Change Addition	
NAME			2.2 NAM				
	4200 WACKENHUT DRIVE #10	m		EET ADDRESS		}	
STREET ADDRESS	DALM PEACH CAPPENC EL 22410 4242			-ST-ZIP		·	
CITY-ST-ZIP TITLE	D	T DELETE	3.1 TITLE		CEO	☐ Change ☐ Addition	
		<u></u>	3.2 NAM		SAME		
NAME	KNEIP, ROBERT C	20			- -		
STREET ADDRESS	4200 WACKENHUT DRIVE #10			EET ADDRESS	1 2-	,	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	P4 1U-4243 ☐ DELETE	_	/-ST-ZIP =	Wick On since	Charige ☐ Addition	
TITLE	D MAYOTTE TEODY D	□ nereie	4.1 TTTL		VICE PLESIDENT	(<u></u>	
NAME	MAYOTTE, TERRY P	00	4.2 NAN		SAME		
STREET ADDRESS	4200 WACKENHUT DRIVE #10			EET ADDRESS		{	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	1410-4243		-ST-ZIP	<u> </u>	☐ Change	
TITLE	D	Y DELETE	5.1 TITL	<u>-</u>	PLESIDENT	□ ouerae ► vocarou	

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 supplied 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 of the tociver 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 or an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NUSBAUM, SANDRA L

4200 WACKENHUT DRIVE #100

PALM BEACH GARDENS FL 33410-4243

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE MATURE SIGNATURE AND TOPE OF SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2/16/99

4200 WACKENHUT DR. # 100

WACKENHUT DK. # 100

PAIM BELCH GIRDEUS, FL.

A. GREEN

FAIM BEACH GACOWS

DARRIN FEDDE

4200

501-622-5656 Daytime Phone #

FL. 33410