PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000053555

UNIVERSAL BENEFITS, INC.

HLED

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SECRETI**COUZ 3 RAD**TALLAHASSEE, FLORIDA

			-	XZZ IIIII II II II II II	
Principal Place	of Business	Mailing Address			BSIN MAIRI AILEA LIIAN BILAI AILAI BIN IARI
HOT CORAL W		-2191-CORAL WAY #401	•		
MAMI FL-33140	· · · · · · · · · · · · · · · · · · ·	MIAMI FL 33145	KNE	DO NOT WRITE	IN THIS SPACE
4825	TERRAPIN CT			3. Date Incorporated or Qualifed	
MELBO	JURNE BEACH F	4 32951		06/15/1998	
	ace of Business	2a. Mailing Address	0	4. FEI Number	Applied For
			TURAPIN C	T 59- 3526199	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	S8.75 Additional Fee Required
City & State	SOURNE BEACH F	City & State  MELBOURUE	BEACH FO	Election Campaign Financing     Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
<u> 329.</u>			30 <u>us A</u>	Personal Property Tax.	☐ Yes No
	9. Name and Address of Curre	nt Registered Agent	94 N	10. Name and Address of New Re	gistered Agent
₽ <del>AB</del>	PORATION SERVICE COMPANY	1	81 Name -	REX D. HILL	
		ı	82 Street A	ddress (P.O. Box Number is Not Acceptable	e)
	HAYS STREET AHASSEE FL 32301-2525			325 TETERATIN	<u> </u>
ITALL	~11 <del>1/0300 - 12-0200</del> 1*2323*		83		
	,		84 City	201	85 Zip Code
				IELIBOURNE DEACH,	, FL 32 <i>951</i>
11. Pursuant	to the provisions of Sections 607.056	02 and 607.1508, Florida Statute	s, the above-named o	orporation submits this statement for the pration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a	m familiar with epu accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	and, 6 pozi 6 of 6 months ( ) 110 months	
SIGNATURE	Key D Nel	L			2-11-00
	Signature, typed or printed name of registered age		Registered Agent signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE
12.	<u></u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change
TITLE	PD	□ DELETE	1.1 TITLE		onengo
NAME )	HILL, REX		1.2 NAME	4825 TERRAPIN C	T-
TREET ADDRESS	3191 CORAL WAY #401		1.3 STREET ADDRESS	-	
CITY-ST-ZIP	MIAMI FL 93145	□ DELETE	1.4 CITY-ST-ZIP	WELDOURNE BEACH	Change Addition
TITLĒ	STD	DELETE	2.1 TITLE		M Onlinge Muliton
IAME ,	PRUPIS, RONALD M		2.2 NAME	12608 NW 13 th C	7
STREET ADDRESS	3191 CORAL WAY #401		2.3 STREET ADDRESS		33323
CITY-ST-ZIP	MIAMI FL 33145			SUN RISE FL	Change
MUTE		☐ DELETE	3.1 TITLE		□ Cuange □ Modilio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	2000021	703439
CITY-ST-ZIP			3.4. CITY-ST-ZIP		0001803-013 <sub>Additio</sub>
TITLE		☐ DELETE	4.1 TITLE	・ ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	3.00 ****150.00
IAME			4. 2 NAME	ተተሞተ I JI	74 CO
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u>.</u>	4.4 CITY-ST-ZIP		
mrle		☐ DELETE	5.1 TITLE		Change Additio
IAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		•
TOPET ANDRESS			6.3 STREET ADDRESS		

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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

321-768-9898

Daytime Phone #

D2E034 (44/08)