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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

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SECRET ~~00023000~~  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053555

1. Corporation Name  
UNIVERSAL BENEFITS, INC.

Principal Place of Business

Mailing Address

~~3101 CORAL WAY #401~~  
MIAMI FL 33145

~~3101 CORAL WAY #401~~  
MIAMI FL 33145

4825 TERRAPIN CT

MELBOURNE BEACH FL 32951

2. Principal Place of Business

2a. Mailing Address

4825 TERRAPIN CT

4825 TERRAPIN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

MELBOURNE BEACH FL

Zip

Country

32951

25

USA

Zip

Country

32951

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
4201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

REX D. HILL

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

4825 TERRAPIN CT

83

84 City

MELBOURNE BEACH, FL

85 Zip Code

32951

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

*Rex D. Hill*

2-11-00

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HILL, REX

STREET ADDRESS ~~3101 CORAL WAY #401~~

CITY-ST-ZIP MIAMI FL 33145

TITLE STD ☐ DELETE

NAME PRUPIS, RONALD M

STREET ADDRESS ~~3101 CORAL WAY #401~~

CITY-ST-ZIP MIAMI FL 33145

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

321-768-9898

Daytime Phone #

CR2E034 (11/98)

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