PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🤼 👡

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90044 021 ***150.00

DOCUMENT # P98000075087 1. Corporation Name BENEFIT MARKETING & ASSOCIATES, INC.				,
Principal Place of Business Malling Addre				,
1301 RIVERPLACE BLVD. STE. 2255 1301 RIVERPLA	CE BLVDSTE.2255			•
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 08/26/1998	\neg
2 Principal Place of Business 2a, Mailing A	ddrenn		4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Ad 26			59 - 3520210 Not Applicab	le
Suite, Apt. #, etc. Suite, Apt	. #, etc.		5. Certificate of Status Desired Security Securi	
27				
City & State City & State 28			.6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country Zip		ountry	8. This corporation owes the current year intangible	- }
24 25 29	30		Personal Property Tax. Lives 2/No 10, Name and Address of New Registered Agent	一 ,
Name and Address of Current Registered Age		81 Name		
ROSENBLUM, THOMAS F ESQUIRE		82 Street A	genh M. Lah Rato dress (P.O. Box Number is Not Acceptable).	
1301 RIVERPLACE BLVD.,STE.2255		30000	301 River place Blud Suite # 2255	
JACKSONVILLE FL 32207		83	_	
A		RA City	85 Zip Code	\dashv
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11. Pursuant to the previsions of Sections 607.0502 and 607.1508, F office or registered agent, or both, in the State of Florifa. Such of agent, I am familiar with, and accept the obligations of Section 60	londa Slatutes, the hange was authorize https://www.com/documents.com/	above-named corpora	rporagon submits this statement for the purpose of changing in registered	· [
adeling this initial will, and accept his obligations by comon of	1, 7500, 1 KING OL	#IUI05.	عمالي	
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indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee empow Block 12 or Block 13 if changed, or on an attachment with an address occurate and that my signature shall have the same legal effect as it made under dailt that I am ar to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE: