PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # P98000083246

THE BENEFIT FIRM, INC. Mailing Address Principal Place of Business 1180 SPRING CENTRE SOUTH BLVD. STE. 355 1180 SPRING CENTRE SOUTH BLVD. STE. 355 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/25/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additiona Suito, Apt. #, etc. Suite, Aol, #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State____. City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country Zio 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **R1** Name ARCHIE, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 670 N. ORLANDO AVE. STE. 102 MAITLAND FL 32751 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus, 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 epplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE ☐ Add tion 1.1 TIRE TILE CR2E034 1.2 NAME ARCHIE, ROBERT W NAME 1.3 STREET ADDRESS 670 N. ORLANDO AVE. STE. 102 STREET ALORESS MAITLAND FL 32751 1.4 CITY-ST-ZIP CMY-ST-ZP ☐ Change Addition DELETE TILE 21 TITLE KING-O'CONNOR. MARIANNE 2.2 NAME NAME 1180 SPRING CENTRE SOUTH BLVD. STE. 355 2.3 STREET ADDRESS STREET ALORES ALTAMONTE SPRINGS FL 32714 2.4 CITY-ST-ZIP CITY-ST-ZP Addition ☐ Change DELETE 31 TITLE TILE 32 NAME NAME 3.3 STREET ADDRESS STREET ACORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Add tion [] DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CTTY-ST-ZIP CITY-ST-ZP Addition Change DELETE TITLE 5.2 NAME STREET ADDRESS VAL 21 SS121 5.3 STREET ADDRESS

13. The reby 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 affect as if made under cell; that I am an officer or director of the corporation of 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, of the made in the receiver of the same appears in the rike empowered.

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 ITILE

62 NAME

DELETE

SIGNATURE:

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407-286-5428

Change

Addition

FILED

Apr 16, 1999 8:00 am Secretary of State

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