PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90249 015 \*\*\*150.00

## DOCUMENT # P9800097370

1. Curporation Name BENEFITS DIRECT, INC.	00097370					
Principal Place of Business	Mailing Address			1 1841/1971 (IA TATA) ABPLI JAIN ABPLI JAIN ABBLI ABIN ABBLI	TMTES EMBRM fattes am	1411 ALM 1841
5800 N.W. 63RD PLACE PARKLAND FL 33067	5800 N.W. 63RD PLACE PARKLAND FL 33067					•
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				11/19/1998		Mad Can
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 08 76485		olied For
21	26			6)		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	27					<del>`                                      </del>
City & State	City & State			6. Election Campaign Financing	\$5.00 M Added to	
23	28			Trust Fund Contribution		71 003
Zip Country	Zip		intry	This corporation owes the current year Int     Personal Property Tax.		□Nō
24     25	<u> </u>	30	ι	10, Name and Address of New Registered		
9. Name and Address of Cu	irrent Registered Agent		81 Name	10. Mame and Address of New Medistried	- Agent	
DUODEN HOWARD			DI INAIIIE			
DVORKIN, HOWARD			82 Street Add	tress (P.O. Box Number is Not Acceptable)		
5800 N.W. 63RD PLACE						
PARKLAND FL 33067			83			
			84 City		85 Zip C	ode
ļ			[]	FL	11	
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar worn, and recept the ot SIGNATURE     Signiful appear or printed name of registeres.	- registered	and	bove-named corp d by the corporati utes. Agent signature require			
12. OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE President CHA	DIRWITH DELETE	1.1 TI	TLE		Change	☐ Addition
NAME HOWARD S. DVO	PEKIN	1.2 N	AME .			
STREET ADDRESS 5800 NW 63	RD PL	1.35	TREET ADDRESS			
CITY-ST-ZP FETE and F	L 33067	140	πγ-sτ-Z₽			
TITLE	OELETE	2.1 TI			Change	Addition
		2.2 N				
NAME			REET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	☐ DELETE	2.4 C	1TY-ST-ZIP	<del></del>	Change	Addition
ITTLE	□ vece≀e					_
NAME		3.2 N	1	•		
STREET ADDRESS			TREET ADDRESS			
CITY-ST-ZIP		_	ITY-ST-ZIP		Chance	Addition
TITLE	DELETE:		TLE		Change	- Lumingu
NAME		4.2 N	AME			
STREET ADDRESS		135	TREET ADDRESS			
CHY-ST-ZIP		4.40	TY-ST-ZIP		<u> </u>	
TITLE	☐ DELETE	5.1 TI	TLE		Change	Addition
NAME		5.2 N	AME			

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 amattachment with an address, with all other like empowered.

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

6.1 TITLE

82 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2/22/99

959-486-1111

Change

☐ Addition