DOCUMENT # P99000075476 1. Entity Name

ASSOCIATED BENEFITS CORPORATION OF NORTH AMERICA

Principal Place of Business 9568 NW 9TH CT PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

9568 NW 9TH CT **PLANTATION FL 33324-6152**

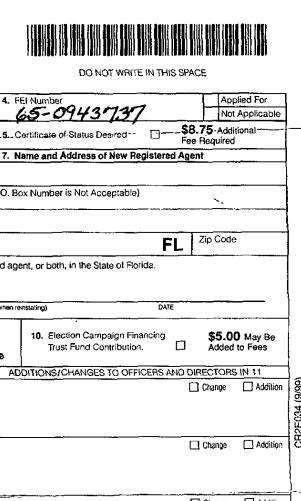
3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 24, 2000 8:00 am Secretary of State

03-04-2000 90059 019 ***150.00



Zip	Cauntry	Zip	Countr	Country		ertificate of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Curren	Registered Agent	 -		7. N	ame and Address of New Re	istered A	gent		
				Name						
HORWITT, JAY L 9568 NW 9TH CT PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
t Date	WANDIVIE 60024		}	City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	•	
. The above	named entity submits this statement	for the purpose of changing it	ts registere	d office or re	gistered age	ent, or both, in the State of Flori	da.			
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable. (NC	OTE: Registered	Agent signature	equired when re	ustating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to Do						Election Campaign Fina Trust Fund Contribution.			D May Be to Fees	
11.		D DIRECTORS	12		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	SIN 11	
TITLE Name Street address City-St-Zip	Tres/Director JAY L. HORWITT 9568 NW 9th C7 Plantation, J1:	□ Delete	1	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE Name Street address City-S1-Zip		☐ Delete						☐ Change	☐ Addition	
TITLE————— NAME STREET ADDRESS CITY-ST-EIP		☐ Delete			<u> </u>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	B -	i i				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					***	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cortifue that information as policed	☐ Oelete	CITY	E Et address - St-ZIP		440 07/0V) Fl	f	Change	☐ Addition	

indicated on this report or supplied with this limit does not qualify to the exemption stated in Section 1.9.07(5)(1), histos ofatures. Framer certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Daytime Phone #