# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

- PROFIT
CORPORATION
ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S05557** **(1)**

1. Corporation Name
**ASSOCIATED BENEFITS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2981 STATE RD 434 W<br>SUITE 500<br>LONGWOOD FL 32779 | 2981 STATE RD 434 W<br>SUITE 500<br>LONGWOOD FL 32779 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: **10/10/1990** | 3a. Date of Last Report: **02/02/1995** |
| 4. FEI Number: **59-3030529** | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

**BRADFORD, CARTER A.**
**512 E. WASHINGTON ST.**
**ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1005, 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | P | ☐ DELETE |
| NAME | SMITH, CHARLES S | |
| STREET ADDRESS | 2981 STATE ROAD 434 WEST, SUITE 500 | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | V | ☐ DELETE |
| NAME | MESSETT, TIMOTHY L | |
| STREET ADDRESS | 1101 N LAKE DESTINY #200 | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | D | ☐ DELETE |
| NAME | WIENER, LAWRENCE | |
| STREET ADDRESS | 1506 NE 162ND ST | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1 TITLE | ☐ Change ☐ Addition |
| 2 NAME | |
| 3 STREET ADDRESS | |
| 4 CITY-ST-ZIP | |
| 2 TITLE: Director | ☒ Change ☐ Addition |
| 3 TITLE | ☒ Change ☐ Addition |
| 3 STREET ADDRESS: 3939 Hollywood Blvd. Ste 1A | |
| CITY-ST-ZIP: Hollywood, FL 33021 | |
| 4 TITLE: Vice President | ☐ Change ☒ Addition |
| 4 NAME: myra L. Smith | |
| 4 STREET ADDRESS: 2981 State Rd 434 West, Ste. 500 | |
| 4 CITY-ST-ZIP: Longwood, FL 32779 | |
| 5 TITLE: 500001770586 -04/05/96--01025--029 ***200.00 | ☐ Change ☐ Addition |
| 5 NAME | |
| 5 STREET ADDRESS | |
| 5 CITY-ST-ZIP | |
| 6 TITLE | ☐ Change ☐ Addition |
| 6 NAME | |
| 6 STREET ADDRESS | |
| 6 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added, above or on an attachment with an address.

**SIGNATURE:** Charles S. Smith 2/12/96 407-682-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Charles S. Smith