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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

02-21-1999 90046 047 ***150.00

DOCUMENT # S68607								
CORPORATE BENEFIT PROVIDERS, INC.								
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Principal Place	of Business	Mailing Address			I I BAIL AIR CLE BILL I I I I BILL A	(881 215() E1E!) •		
1015 ATLANTIC BLVD 1015 ATLANTIC BLVD								
#323 #323 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233					DO NOT WRITE IN THIS SPACE			
US BEAU	M FL 32233	US			3. Date Incorporated or Qualifect			
1					07/25/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Арр	lied For
21		26			59-3096960			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	[] \$	8.75 A	
22		27			<u> </u>		Fee Req	
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	' 🗀 ·	\$5.00 N Added to	
23 Zin	Country	Zip	Country		8. This corporation owes the cu	rrent voer Intendi		1 663
Zip	25	29 3	<u> </u>		Personal Property Tax.		Yes)	No
24	9. Name and Address of Current				10 Name and Address of New	Registered Age		
			81	Name Bu	erch D. Rus.	se I I		
	CH, D. RUSSELL		82	Street Addre	ess (P.O. Box Number is Not Accep			
13556 ATCANTO BLVD #919				101	5 Atlantic B	114		
JACK	(SØNVILLATEL 32225		83	4 7	77.7			
			84	City 1	343	[8	15 Zip C	ode
А	ddnss charge			· M7	lastec Brach	FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	the above-	-named corporation	oration submits this statement for the	e purpose of cha	nging its r ent as req	egistered istered
agent, I ar	n familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statutes.		- 4	. / - / .	_	
SIGNATURE	Dollarge bu	· · · · · · · · · · · · · · · · · · ·	ussel			1/9/9	9	\
		and title if applicable. (NOTE: R		signatura required	when reinstating)	DATE		
12.		O DIRECTORS	13		ADDITIONS/CHANGES TO O	FEICERS AND C	IRECTOR	RS IN 12
		D DIRECTORS	13.		ADDITIONS/CHANGES TO O		IRECTOR Change	RS IN 12
TITLE	EXVP				ADDITIONS/CHANGES TO O			
NAME	EXVP GLENN, STEVE		1.1 TITLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO O			
NAME STREET ADDRESS	EXVP GLENN, STEVE 319 SCENIC POINT LN		1.1 TITLE 1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO O			☐ Addition
NAME	EXVP GLENN, STEVE 319 SCENIC POINT LN ORANGE PARK FL 32067		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO O			☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	EXVP GLENN, STEVE 319 SCENIC POINT LN ORANGE PARK FL 32067 S	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-		ADDITIONS/CHANGES TO O] Change	☐ Addition
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14. 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR