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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V19307 (0)
1. Corporation Name
NATIONAL BENEFIT RESOURCES, INC.



Principal Place of Business
22238 MANN ROAD
BROOKSVILLE FL 34802

Mailing Address
22238 MANN ROAD
BROOKSVILLE FL 34802-5706

3. Date Incorporated or Qualified
03/06/1992

3a. Date of Last Report
07/23/1996

2. Principal Place of Business
21 90 PONCE DE LEON BLVD
Suite, Apt #, etc.

2a. Mailing Address
26 90 PONCE DE LEON BLVD
Suite, Apt #, etc.

4. FEI Number
59-3109939

Applied For
Not Applicable

22
City & State
23 BROOKSVILLE, FL
Zip Country
24 34601 25 USA

27
City & State
28 BROOKSVILLE, FL
Zip Country
29 34601 30 USA

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

9. Name and Address of Current Registered Agent
BAUM, GERALD
22238 MANN ROAD
BROOKSVILLE FL 34802

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: *Gerald Baum* GERALD BAUM / PRES. 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P BAUM, CARL F SR. ☐ DELETE
NAME
STREET ADDRESS 12277 ELDON DRIVE
CITY-ST-ZIP LARGO FL 33774

TITLE V BAUM, JEFF ☒ DELETE
NAME
STREET ADDRESS 16480 NORTHDAL OAKS
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT ☐ Change ☒ Addition
3.2 NAME GERALD BAUM
3.3 STREET ADDRESS 90 PONCE DE LEON BLVD
3.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Gerald Baum* GERALD BAUM / PRES 4/7/97 (352) 8480080
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)