FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33982 (2)

1. Corporation Name
GROUP MARKETING INNOVATIONS, INC.

Principal Office Address
5001 UNIVERSITY DRIVE
SUITE C
DAVIE FL 33328

Mailing Address
5001 UNIVERSITY DRIVE
SUITE C
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0328027 [ ] 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Office Address
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

KALICK, BRUCE
5001 S UNIVERSITY DR
STE C
DAVIE FL 33328

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 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KALICK, BRUCE
STREET ADDRESS	2909 N. BELMONT LANE
CITY-ST-ZIP	COOPER CITY FL
TITLE	DVP
NAME	VEGA, MANUEL
STREET ADDRESS	5001 UNIVERSITY DR., SUITE C
CITY-ST-ZIP	DAVIE FL
TITLE	STD
NAME	KALICK, JUDI
STREET ADDRESS	2909 N. BELMONT LANE
CITY-ST-ZIP	COOPER CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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)(k), 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: Manuel Vega - Manuel Vega VP 04/11/95 305.434.8wt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0235700 CP

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DOCUMENT # V34024 (2)

RETIREMENT BENEFIT SYSTEMS, INCORPORATED

255 SOUTH ORANGE AVE. STE. #955 ORLANDO FL 32801 US	255 SOUTH ORANGE AVE. STE. #955 ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3121885

22 Suite 104

27 Suite 104

9. Name and Address of Current Registered Agent

MANN, MITCH
255 SOUTH ORANGE AVENUE
~~SUITE 955~~
ORLANDO FL 32801

10. Name and Address of New Registered Agent

83 Suite 104

84 FL

12.

P
MANN, MITCH
255 SOUTH ORANGE AVENUE, ~~SUITE 955~~
ORLANDO FL

13.

Suite 104

SIGNATURE: Mitch Mann PRESIDENT 4/27/11 (407)649-0028

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (BY DIRECTOR OR OFFICER)

0084022 CP