FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56334

BENEFICIAL PEO MANAGEMENT III, INC.

Principal Place of Business 11358 OKEECHOBEÉ BLVD

Mailing Address

1105 NORTHUMBERLAND COURT

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90101 050 ***158.75



#3 DALL D	FACU EL 2044	W. PARM BRACH FL 33414		DO NOT WRITE IN THIS SPACE		
ROYAL PALMAB JUS	EMOTE FL 30411			3. Date Incorporated or Qualifed		
				08/01/1992		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 /9:	20 C. Hallandelle Be	MA 910 . (920 E	. Itallardale bear ?	65-0355716	. -	Not Applicat
Suite, Apt.		Suite, Apt. #, etc.	7 000 0000		\$8	.75 Additional
22	.,	27		5. Certificate of Status Desired	≠	ee Required
City & State	0	City & State	←	6. Election Campaign Financing	\$:	5.00 May Be
23 Hall	andale, Florida	28 Hallander	e, Plonda	Trust Fund Contribution		dded to Fees
Zip 2-24	Country	Zip 23/198 -	Country	8. This corporation owes the curren		
24 55	25	29 55007 3	0	Personal Property Tax.	□ Ye	
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
1100	NO MEDER O TOLV	lein 4	81 Name			
	RIGH, ALFRED G 1 Ed 10	18 Street	82 Street Addr	ess (P.O. Box Number is Not Acceptable	le)	
712	U.S. HIGHWAY ONE SE N	minmi Beech Fl				
U. P	ALM BEACH FL 33408 NO TH	33162	83		-	
		- '	84 City		85	Zip Code
Kleic Ac	by of tunbrunk to ward			•	FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the pu	urpose of chang	ing its registere
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	: Florida. Such change was auti	norized by the corporation	on's board of directors. I hereby accept	ше арропшнен	i as registered
=	Translat That, and accept the ownger.			<u>.</u>		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Ri	egistered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIF	
TITLE	D	DELETE	1.1 TILE D, P, 5)T	Charles B. Walla	u Bro	hange 📘 🗌 Addi
NAME	ROSENBLUM, BARRY		1.2 NAME	1920 E. Hallandale	. Reuch	Blug.
STREET ADDRESS	1105 NORTHUMBERLAND CT		1.3 STREET ADDRESS	Hallandell, Flor	. 4. 3-	200
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NAME	ROSENBLUM, MARILYN		2.2 NAME			
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i	W. PALM BEACH FL		2.4 CITY-ST-ZIP			
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CITY-ST-ZIP	<u></u>		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		c	hange
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			■ l	•		

14. I 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 from an attachment with an address, with all other like empowered.

SIGNATURE: