

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13183 (3)
1. Corporation Name
EMPLOYEE INSURANCE BENEFITS OF FLORIDA, INC.

Principal Place of Business 402 S. KENTUCKY AVE SUITE 240 LAKELAND FL 33801	Mailing Address 402 S. KENTUCKY AVE SUITE 240 LAKELAND FL 33801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 210 LAKE HARRIS DR Suite, Apt. #, etc.		2a. Mailing Address 26 210 LAKE HARRIS DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/31/1989	
22 City & State 23 LAKELAND FLORIDA		27 City & State 28 LAKELAND, FLORIDA		4. FEI Number 59-2961459	
24 33813		25 POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 33813		27 POLK		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 33813		29 POLK		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAKER, BRUCE G. 402 S. KENTUCKY AVE SUITE 240 LAKELAND FL 33801				10. Name and Address of New Registered Agent 81 Name BAKER, BRUCE G. 82 Street Address (P.O. Box Number is Not Acceptable) 210 LAKE HARRIS DR 83 84 City LAKELAND, FL 85 Zip Code 33813	

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BRUCE G.	1.2 NAME	
STREET ADDRESS	1956 INDIAN TRAILS COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BARBARA T.	2.2 NAME	BAKER, BARBARA T.
STREET ADDRESS	1956 INDIAN TRAIL COURT	2.3 STREET ADDRESS	1956 INDIAN TRAILS COURT
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BRUCE G. JR	3.2 NAME	
STREET ADDRESS	6724 BROKEN ARROW TRAIL SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 owner 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413085

CR2E034 (10/97)