

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P30275 (2)**

1. Corporation Name  
**AMERICAN BENEFIT ADMINISTRATORS, INC.**



Principal Place of Business: **213 PORTER AVE P.O. BOX 469 BILOXI MS 39533-469 US**  
Mailing Address: **213 PORTER AVE P.O. BOX 469 BILOXI MS 39533-469 US**

3. Date Incorporated or Qualified: **07/24/1990**  
3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **62-1407665**  
Applied For:  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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 | State: Apr. #, etc.: 26 |  
22 | City & State: 27 |  
23 | Zip: 28 | Country: 30 |  
24 | 25 | 29 |

**9. Name and Address of Current Registered Agent**

**SCHERF, WAYNE P  
1200 MAHOGANY MILL ROAD  
PENSACOLA FL 32507**

**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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
12. Officers and Directors: \_\_\_\_\_ 13. Additions/Changes to Officers and Directors in 12: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE:  DELETE  
NAME: **VPD TAYLOR, CHARLES, R**  
STREET ADDRESS: **213 PORTER AVE**  
CITY, ST, ZIP: **BILOXI MS PD**  
TITLE:  DELETE  
NAME: **BATES, O, ELIZABETH**  
STREET ADDRESS: **213 PORTER AVE**  
CITY, ST, ZIP: **BILOXI MS**  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:  Change  Addition  
2. NAME: \_\_\_\_\_  
3. STREET ADDRESS: \_\_\_\_\_  
4. CITY, ST, ZIP: \_\_\_\_\_  
5. TITLE:  Change  Addition  
6. NAME: \_\_\_\_\_  
7. STREET ADDRESS: \_\_\_\_\_  
8. CITY, ST, ZIP: \_\_\_\_\_  
9. TITLE:  Change  Addition  
10. NAME: \_\_\_\_\_  
11. STREET ADDRESS: \_\_\_\_\_  
12. CITY, ST, ZIP: \_\_\_\_\_  
13. TITLE:  Change  Addition  
14. NAME: \_\_\_\_\_  
15. STREET ADDRESS: \_\_\_\_\_  
16. CITY, ST, ZIP: \_\_\_\_\_  
17. TITLE:  Change  Addition  
18. NAME: \_\_\_\_\_  
19. STREET ADDRESS: \_\_\_\_\_  
20. CITY, ST, ZIP: \_\_\_\_\_

14. I 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. I am an officer or director of the corporation or the registered agent 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 in an attached filing with this report.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

601-374-7460  
Display Phone #

CR2E034 (12/95)