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PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000032933 (2)

DOCUMENT # 1. Corporation Name GOVERNMENT BENEFITS SPECIALISTS, INC.



District District District					BBIII BBIBB 11319 11019 10500 1510 0536 4006
Principal Place of Business Maling Address 1111 N. WESTSHORE #603 TANDA FL 2007					
			1603		
TAMPA FL 33607		TAMPA FL 33607			
				3. Date Incorporated or Qualified 05/06/1993	3a. Date of Last Report 05/01/1995
2. Principal Place of Busines	SS	2a. Mairing Address	*	4. FEI Number	Applied For
1 6301 Memor	My Houy	26 6301 Mc	MOCIAL HWY	59-3178109	Not Applicable
Suite, Apt. #, etc.	1	Suite, Apt. #, etc	167	5. Certificate of Status Desired	\$8.75 Additional Fee Required
2	102	27	106	6 Fleeton Companya Financaya	
City & State TAMI	PA FL	City & State	npa FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zin	Country	Zip	Country	8. This corporation has liability for	
- 10/18 F	25 Hillsbarameh	29 33615	Country 30 Hollsburgh		□ No
9. Name	and Address of Current	Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name	eith lure	
LUTZ, KEITH	A. 1005			ess (P.O. Box Number is Not Acceptat	ole)
1111 NORTH WEST	SHORE		6361	Memorial Hwy	
#603			83	102	
TAMPA FL 33607			RA City		FL 85 Zip Code 37615
		- 100 2 46 00 Fig. 11- Child		m PA	
 Pursuant to the provision or registered agent, or ! 	ons of Sections 607.0502 Both, in the State of Florid	and 607, 1508, Florida Statute a. Such change was authorize	es, the above-hamed corpor ed by the corporation's boar	ation submits this statement for the purid of directors. Thereby accept the app	rpose or changing its registered onlo idintment as registered agont. I am
familiar with, and soces	t the obligations of, Section	in 607.0595, Florida Statutes	0	• /	4 0.01
SIGNATURE KALL	5 ay	KEITH LUT	e Presi	ident	4-8-96
SIGNATURE Signature Species			T Sugadined Agent Segnature require	diwherenstati idi	IME ICERS AND DIRECTORS IN 12
SIGNATURE Signature blands	OFFICERS AND		TE Supplied Agest signature require. 13.	diwherenstati idi	EW1E-
SIGNATURE Signature business	OFFICERS AND	DIRECTORS	13. 1.1 TILLE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature typed to 12. Title D	OFFICERS AND	DIRECTORS	13. 1. 1 TILE 12 NAME 13 STREEL ADDRESS	ADDITIONS CHANGES TO OFF COLDENT CITY LUTZ 11910 STEPPINGSTO	CATE ICERS AND DIRECTORS IN 12 Change Addition ONE BLVD
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root natery certify that the information instance with this ting is voluntering ranks test and does not quality for the exemption stated in Section 1180/16)(i), Florida Statides I three certify that the information indicated on this 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 previous rustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an attack lient with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

83-885-2777