

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P94000002796 (8)**

EMPLOYEE BENEFITS GROUP, INC.

APR 21 AM 8:22

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Office of Business: 8222 WILES RD SUITE 242 CORAL SPRINGS FL 33067  
Mailing Address: 8222 WILES RD SUITE 242 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

|  |                                |
|--|--------------------------------|
| 3. Date first organized or admitted  | 3a. Date of Last Report        |
| 01/12/1994   |                                |
| 4. FLE Number  | Applied For                    |
| 65-0461797   | Not Applicable                 |
| 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| <input type="checkbox"/>   |                                |
| 6. Election Campaign Financing Trust Fund Contribution                               | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>   |                                |
| 8. This corporation has liability for interception under 5-1091032, Florida Statute. |                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  |                                |

|                                 |                         |
|---------------------------------|-------------------------|
| 2. Principal Office of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.         | 26. State, Apt. #, etc. |
| 22. City & State                | 27. City & State        |
| 23. Co. Country                 | 28. Co. Country         |
| 24. Zip                         | 29. Zip                 |
| 25. Country                     | 30. Country             |

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

O'RIORDAN, KEVIN  
2077 NW 107 DR  
CORAL SPRINGS FL 33071

**10. Name and Address of New Registered Agent**

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number, Etc. As Applicable) | FL           |
| 83.  |              |
| 84. City   |              |

11. Pursuant to the provisions of Sections 607.0102 and 607.1501, Florida Statutes, this officer (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 607.0105, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY |   |
|----------------------------|---------------------------|--|---|
| 1. NAME                    | JAMES RICKEYTS, PRESIDENT | 1. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          | 14741 LEWIS ROAD          | 2. STREET ADDRESS                                    |   |
| 3. CITY & STATE            | MIAMI LAKES, FL 33014     | 3. CITY & STATE                                      |   |
| 4. NAME                    |                           | 4. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS          |                           | 5. STREET ADDRESS                                    |   |
| 6. CITY & STATE            |                           | 6. CITY & STATE                                      |   |
| 7. NAME                    |                           | 7. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS          |                           | 8. STREET ADDRESS                                    |   |
| 9. CITY & STATE            |                           | 9. CITY & STATE                                      |   |
| 10. NAME                   |                           | 10. NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS         |                           | 11. STREET ADDRESS                                   |   |
| 12. CITY & STATE           |                           | 12. CITY & STATE                                     |   |
| 13. NAME                   |                           | 13. NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS         |                           | 14. STREET ADDRESS                                   |   |
| 15. CITY & STATE           |                           | 15. CITY & STATE                                     |   |
| 16. NAME                   |                           | 16. NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. STREET ADDRESS         |                           | 17. STREET ADDRESS                                   |   |
| 18. CITY & STATE           |                           | 18. CITY & STATE                                     |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.011 and 119.012, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same responsibility of disclosure as if the certificate had been available to the public. In the event of further questions regarding how to file this report or reportable Chapter 607.0102, Florida Statutes, and that the filing appears on Block 1 of Block 1 of the filing, please contact an attorney with an address:

SIGNATURE:

*J Rickeyts*  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95