

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

DOCUMENT # **568607 (8)**
 1. Corporation Name:
Corporate Benefit Providers, Inc

Principal Place of Business: **1015 Atlantic Blvd #323 Atlantic Beach, FL 32233**
 Mailing Address: **1015 Atlantic Blvd #323 Atlantic Beach FL 32233**

21	2. Principal Place of Business	2a	2a. Mailing Address
	1015 Atlantic Blvd #323		1015 Atlantic Blvd
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
	#323		#323
23	City & State	28	City & State
	Atlantic Beach, FL		Atlantic Beach, FL
24	Zip	29	Zip
	32233		32233
25	Country	30	Country
	USA		USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **DATE LAST FILED 7/25/91 1/27/97**

4. FEI Number: **59-3096960** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Burch, D. Russell
1015 Atlantic Blvd #323
Atlantic Beach, FL 32233

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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, if title of applicable) (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Ex VP	<input type="checkbox"/> DELETE
NAME	Glenn Stone	
STREET ADDRESS	319 scenic post lane - orange park, FL 32067	
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	Burch, Mica D.	
STREET ADDRESS	1015 Atlantic Blvd #323	
CITY - ST - ZIP	Atlantic Beach, FL 32233	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Burch, D. Russell	
STREET ADDRESS	1015 Atlantic Blvd #323	
CITY - ST - ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	

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2/17/98

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.

SIGNATURE: **D. Russell Burch** **2/15/98** **904-247-8506**

CR2E034 (10/97)