

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

U-43561

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90133 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S80375
 1. Corporation Name
TOTAL GROUP BENEFITS, INC.



Principal Place of Business 1601 N. PALM AVENUE SUITE 207 PEMBROKE PINES FL 33026	Mailing Address 1601 N. PALM AVENUE SUITE 207 PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Total Group Benefits, Inc.	26	Same as	09/13/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	1640 N. 69th Way	27	Block # 2	65-0292399	
City & State		City & State		Applied For	
23	Hollywood FL	28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24	33024	25	Broward	<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRILLANTE, LUCILLE
 1601 N. PALM AVENUE
 SUITE 207
 PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81	Name	LUCILLE BRILLANTE (same agent)
82	Street Address (P.O. Box Number is Not Acceptable)	1640 N. 69th Way (New Address)
83		
84	City	HOLLYWOOD
85	Zip Code	FL 33024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRILLANTE, JERRY	
STREET ADDRESS	3605 BAY WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRILLANTE, LUCILLE	
STREET ADDRESS	3605 BAY WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucille Brillante **LUCILLE BRILLANTE** **REQUISITE CTY. TREAS** **3/15/99** **954-965-8300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)