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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 375690

(5)

FILED

Apr 20 1998 8:00am

Secretary of State

CORPO	PRATE BENEFIT PROGRAMS	S, INC.	,							
Principal Place	e of Business	Mailing Addre	ss				11 8811 8 1811 8 1	ON THE II DIN THE	l Brêtt i bb t	
8849 MEADON PENSACOLA I			8849 MEADOWBROOK DR PENSACOLA FL 32514			20.007.00		0.05.4.00		
						DO NOT W		S SPACE		
						 Date incorporated or Qualifit 01/18/1971 	ea			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For	
21		26				59-1321296			ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional equired	
City & State		City & State								
23	•	28				6. Election Campaign Financin Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		Zip Cou			8. This corporation owes or ha				
24	25 29		Ī	30		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	t Registered Agen				10. Name and Address of New		d Agent	·	
	E, J THOMAS			81	Name					
	19 MEADOWBROOK DR.				Street A	ddress (P.O. Box Number is Not Acce	ptable)			
PEI	NSACOLA FL 32514			83						
			4			· · · · · · · · · · · · · · · · · · ·				
		•	ı	84	City		F	85 Zip 1	Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Flo of Florida, Such chr ations of, Section 60	orida Statute ange was ai 07.0505, Flor	s, the above uthorized by rida Statutes	e-named of the corpo	orporation submits this statement for to oration's board of directors. I hereby a	he purpose ocept the a	of changing it ppointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age	of and the Band obla	(A VOTE	Decisional Ass		equired when reinstating)	DATE	<u> </u>		
12.	OFFICERS AN		(NOIL:	13.	nt signature re	ADDITIONS/CHANGES TO O			RS IN 12	
TITLE			DELETE	1.1 TITLE	\neg			☐ Change	Addition	
NAME	FIFE, J THOMAS	1.2 %		1.2 NAME					j	
STREET ADDRESS 8849 MEADOWBROOK DR.		1.3 \$		1.3 STREET	ADDRESS					
CiTY-ST-ZiP	PENSACOLA FL	1.4 0		1.4 CITY-S	T-ZIP	_				
TITLE			DELETE	2.1 TITLE				Change	☐ Addition	
NAME	FIFE, BARBARA	2.2		2.2 NAME					ł	
STREET ADDRESS	8849 MEADOWBROOK DR.	2.3 5		2.3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			2 4 CITY-S	ST - ZIP					
TITLE	Y FIFE, CHRISTOPHER	Ц	DELETE	3.1 TITLE				Change	☐ Addition	
NAME	8849 MEADOWBROOK DR		3.2 NA							
STREET ADORESS	PENSACOAL FL			3.3 STREET	- 1					
CITY-ST-ZIP TITLE	PENDACOALIE		DELETE	3.4. CITY - 5 4.1 TITLE	iT-ZIP			Change	Addition	
j		لا	טנננונ					TT Cuantic	Addition	
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET	ADDRESS					
CITY-ST-ZIP										
TITLE			4.4 City-S 5.1 Title	1 - ZIF			Change	☐ Addition		
NAME			5.2 NAME							
STREET ADDRESS				5.3 STREET ADD						
CITY-ST-ZIP				5.4 CITY - S						
TITLE			DELETE	6.1 TITLE				Change	Addition	
NAME (6.2 NAME	-					
STREET ADDRESS				6.3 STREET	ADDRESS					
מול בופ בעוות				6 A CITY . S	T. 7IP					

14. Thereby 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.

SIGNATURE: 6.2.1