FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:39

DOCUMENT # **695466** **(3)**

1. Corporation Name
EMPLOYEE BENEFIT RESOURCES, INC.

Principal Place of Business	Mailing Address
430 PARK PLACE BLVD. STE 700 CLEARWATER FL 34619	P.O. BOX 5980 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1981
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 529 GREENWOOD AVE. SOUTH
City & State: 23 CLEARWATER FL.
Zip: 24 34616
Country: 25 PINELLAS

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

4. FEI Number: 59-2116930 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIXMAN, KENNETH C
430 PARK PLACE BLVD. STE 700
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: RIXMAN, KENNETH C
82 Street Address (P.O. Box Number is Not Acceptable): 529 GREENWOOD AVE. SOUTH
83: CLEARWATER
84 City: FL 85 Zip Code: 34616

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: Kenneth C Rixman — 5/24/95
(Typed, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	RIXMAN, KENNETH C	12 NAME	
STREET ADDRESS	430 PARK PLACE BLVD. 700	13 STREET ADDRESS	529 GREENWOOD AVE S
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	STD	21 TITLE	☑ Change ☐ Addition
NAME	RIXMAN, LYNNE K	22 NAME	
STREET ADDRESS	430 PARK PLACE BLVD. 700	23 STREET ADDRESS	529 GREENWOOD AVE S
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kenneth C Rixman — 5/24/95 — 813-449-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480033 FP