

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **835606** (5)
1. Corporation Name

AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.



Principal Place of Business % HARRINGTON SERVICES CORPORATION 1103 SHROCK RD STE 203 COLUMBUS OH 43229	Mailing Address % HARRINGTON SERVICES CORPORATION 1103 SHROCK RD STE 203 COLUMBUS OH 43229
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3. Date Incorporated or Qualified 12/17/1975	3a. Date of Last Report 04/24/1995
4. FEI Number 95-1702986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE
NAME	FAZER, ALAN P	1.2 NAME
STREET ADDRESS	4401 SANTA ANITA AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	ELMONTE CA	1.4 CITY-ST-ZIP
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE
NAME	PARKER, ROBERT R.	2.2 NAME
STREET ADDRESS	1103 SHROCK RD #203	2.3 STREET ADDRESS
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE
NAME	BLUE, WARREN G.	3.2 NAME
STREET ADDRESS	1103 SHROCK RD #203	3.3 STREET ADDRESS
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP
TITLE	CAT <input type="checkbox"/> DELETE	4.1 TITLE
NAME	STILL, DAVID B.	4.2 NAME
STREET ADDRESS	4401 SANTA ANITA AVENUE	4.3 STREET ADDRESS
CITY-ST-ZIP	EL MONTE CA	4.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE
NAME	COVERT, ROBERT J.	5.2 NAME
STREET ADDRESS	1103 SHROCK RD #203	5.3 STREET ADDRESS
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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: Robert J. Covert, Treasurer **4/24/96** **614/470-7005**
Signature and typed or printed name of signing officer or director Date Date-time Phone #

CR2E034 (12/95)