

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

FILED

May 07 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 # F78287 (2)  
1. Corporation Name  
BENEFIT PLANS CONSULTANTS, INC.



Principal Place of Business Mailing Address  
1812 COTTAGE GROVE ROAD 1812 COTTAGE GROVE ROAD  
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 810 Thomasville Rd.		26 810 Thomasville Rd.		04/29/1982	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22 2nd Floor		27 2nd Floor		59-2324126	
City & State		City & State		Applied For	
23 Tallahassee FL		28 Tallahassee FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32303		29 32303		32303	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8. Additional Fee Required	
				\$8.75	
				\$5.00 May Be	
				Added to Fees	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	

MCEACHIN, ROBIN RANDALL  
1812 COTTAGE GROVE ROAD  
TALLAHASSEE FL 32303

81 Name Robin Randall M'Eachin  
82 Street Address (P.O. Box Number is Not Acceptable)  
810 Thomasville Rd., 2nd Floor  
83  
84 City Tallahassee FL 85 Zip Code 32303

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCEACHIN, ROBIN RANDALL	1.1 TITLE	P M'Eachin, Robin Randall
NAME	12509 MERIDIAN ROAD	1.2 NAME	810 Thomasville Rd., 2nd Floor
STREET ADDRESS	TALLAHASSEE FL 32312	1.3 STREET ADDRESS	Tallahassee FL 32303
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*[Signature]*

4/28/98

(1830)  
386-5500

CR2E034 (10/97)