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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **F93000005062 (5)**

1. Corporation Name

GRAPHIC ARTS BENEFITS NETWORK AGENCY, INC.

Principal Place of Business

[redacted]

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1993**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21 9100 S. Dadeland Blvd.
Suite, Apt. #, etc.
22 Suite 325
City & State
23 Miami, FL
Zip 24 33156 Country 25

2a. Mailing Address
26 9100 S. Dadeland Blvd.
Suite, Apt. #, etc.
27 Suite 325
City & State
28 Miami, FL
Zip 29 33156 Country 30

4. FEI Number: 31-1368852 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

BYERS, KENNETH V
1 DATRAN CENTER, SUITE 325
9100 SOUTH DADELAND BLVD
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
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	PC	11 TITLE	☐ Change ☐ Addition
NAME	BYERS, KENNETH V	12 NAME	
STREET ADDRESS	9100 SOUTH DADELAND BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	LEE, JULIA	22 NAME	
STREET ADDRESS	8044 MONTGOMERY ROAD, STE 272	23 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP	
TITLE	~~VP~~	31 TITLE	☐ Change ☐ Addition
NAME	~~EVANS, GAIL~~	32 NAME	
STREET ADDRESS	~~8044 MONTGOMERY ROAD, STE 272~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~CINCINNATI OH~~	34 CITY-ST-ZIP	
TITLE	Vice President	41 TITLE	☐ Change ☐ Addition
NAME	Steven L. Manning	42 NAME	
STREET ADDRESS	9100 S. Dadeland Blvd. #325	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	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)(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: _____ Steven L. Manning 4/17/95 305-670-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466750 FP