

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F94000006225 (6)**  
1. Corporation Name

**NORTH AMERICAN BENEFITS NETWORK, INC.**

**FILED**  
**Sep 17 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>19800 DETROIT RD. CLEVELAND OH 44116</b>		Mailing Address <b>19800 DETROIT RD. CLEVELAND OH 44116</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>		3. Date Incorporated or Qualified <b>12/06/1984</b> 4. FEI Number <b>34-1597330</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name <b>CI Corporation System</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> 83 84 City <b>Plantation</b> <b>FL</b> 85 Zip Code <b>33324</b>			

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: Charlotte Renee Cruz **Charlotte Renee Cruz** **8/10/98**  
Signature, 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, DONALD T</b>	1.2 NAME	
STREET ADDRESS	<b>23512 QUAIL HOLLOW DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTLAKE OH 44145</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAHN, ALEXANDER D</b>	2.2 NAME	
STREET ADDRESS	<b>3183 DICK WILSON DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEELEY, GREGORY D</b>	3.2 NAME	
STREET ADDRESS	<b>1120 FOREST RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKEWOOD OH 44107</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, MARY L</b>	4.2 NAME	
STREET ADDRESS	<b>31453 MUIRFIELD WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTLAKE OH 44145</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]

CR2E034 (5/98)