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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003420

1. Corporation Name

**CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, IN
C.**

Principal Place of Business

Mailing Address

6805 CAP OF TX HWY N
SUITE 315
AUSTIN TX 78731
US

6805 CAP OF TX HWY N
SUITE 315
AUSTIN TX 78731
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1995

4. FEI Number

33-0449333

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9003 Waterford Ctr Blvd

26 9003 Waterford Ctr Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 100

27 100

23 Austin TX

28 Austin TX

Zip **78758** Country

Zip **78758** Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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

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 **STD** ☐ DELETE

NAME **BALARSKY, BRIAN A**

STREET ADDRESS **5806 BUCKPASSER COVE**

CITY-ST-ZIP **AUSTIN TX**

TITLE **PDC** ☐ DELETE

NAME **BOON, ROBERT S**

STREET ADDRESS **6809 EDGEFIELD DR**

CITY-ST-ZIP **AUSTIN TX 78731**

TITLE **D** ☐ DELETE

NAME **FINKELSTEIN, HOWARD D**

STREET ADDRESS **1710 MONMOUTH DR.**

CITY-ST-ZIP **SAN DIEGO CA 92109**

TITLE **V** ☐ DELETE

NAME **GLENNA S CLINE**

STREET ADDRESS **1420 DEER LEDGE TRAIL**

CITY-ST-ZIP **CEDAR PARK TX**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**2912 Round Table Road
Austin TX 78746**

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian A. Balarsky

Date

Daytime Phone #

1/27/99

512-339-4449

CR2E034 (11/98)