

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003241 (3)
 1. Corporation Name
COMMERCE BENEFITS GROUP AGENCY, INC.

Principal Place of Business 37190 COLORADO AVENUE SUITE 102 AVON OH 44011	Mailing Address 37190 COLORADO AVENUE SUITE 102 AVON OH 44011
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1997

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip	4. FEI Number 34-1816804	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent MALONEY, JOHN J ESQ 3663 CENTRAL AVENUE ST PETERSBURG FL 33713	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PATTON, THOMAS J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	37190 COLORADO AVENUE SUITE 102	1.2 NAME	
STREET ADDRESS	AVON OH 44011	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST PATTON, THOMASINA B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	37190 COLORADO AVENUE SUITE 102	2.2 NAME	
STREET ADDRESS	AVON OH 44011	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: THOMASINA B PATTON 01-06-98 440-934-1033

CR2E034 (10/97)

COMMERCE
BENEFITS
GROUP, INC.

January 15, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Commerce Benefits Group Agency, Inc.
FEI 34-1816804

Dear Sir or Madam,

Please find enclosed the completed Annual Reports Filings for Commerce Benefits Group Agency, Inc., as requested.

In addition, I have enclosed a check in the amount of \$158.75 for filing fees and certificate of status.

If any additional information is required please do not hesitate to contact me.

Best regards,



Steven W. Sosnowski
Commerce Benefits Group Agency, Inc.

Commerce Benefits Group, Inc.

37190 Colorado Avenue • Avon, Ohio 44011 • (216) 934-1033 • (800) 223-9941 • Fax (216) 934-1040