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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005705 (5)**

1. Corporation Name

**AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1819 CLARKSON RD. SUITE 301  
CHESTERFIELD MO 63017**

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CHESTERFIELD MO 63017**

3. Date Incorporated or Qualified

**10/29/1997**

4. FEI Number

**65-0057253**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☒ DELETE  
NAME **JOHNSTON, GARY**  
STREET ADDRESS **4508 MEADOWFORD DR**  
CITY-ST-ZIP **ST LOUIS MO 63129**

1.1 TITLE **CEO + D** ☒ Change ☐ Addition  
1.2 NAME **Robert S. Neumann**  
1.3 STREET ADDRESS **6 Palermo Ave. Ste. 200**  
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **STD** ☒ DELETE  
NAME **TURVEY, DALE**  
STREET ADDRESS **16601 KEHRSGROVE DR**  
CITY-ST-ZIP **CHESTERFIELD MO 63005**

2.1 TITLE **President** ☒ Change ☐ Addition  
2.2 NAME **Myron Feinberg**  
2.3 STREET ADDRESS **6 Palermo Ave. Ste. 200**  
2.4 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **VD** ☒ DELETE  
NAME **WARMANN, WILLIAM A JR**  
STREET ADDRESS **32 GREEN #4 DR**  
CITY-ST-ZIP **ST CHARLES MO 63303**

3.1 TITLE **Vice President** ☒ Change ☐ Addition  
3.2 NAME **Monica Ray**  
3.3 STREET ADDRESS **1010 Thorace Ct.**  
3.4 CITY-ST-ZIP **St. Louis, MO 63146**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **Secretary** ☒ Change ☐ Addition  
4.2 NAME **Karen Becker**  
4.3 STREET ADDRESS **13 Bordenux Place**  
4.4 CITY-ST-ZIP **Lake St. Louis, MO 63146**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **Director** ☒ Change ☐ Addition  
5.2 NAME **Al Malatesta**  
5.3 STREET ADDRESS **9304 Wellington Park Cir**  
5.4 CITY-ST-ZIP **Tampa, FL 33647**

TITLE **Director** ☒ DELETE ☒ X Change  
NAME **Karen Morris**  
STREET ADDRESS **988 Woodcock Rd. Ste. 198**  
CITY-ST-ZIP **Orlando FL 32803**

6.1 TITLE **Dixon Pfausch - Director** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **307 Regency Cir**  
6.4 CITY-ST-ZIP **Dublin, GA 31021**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Monica Ray*

4-17-98

314-530-7200

CR2E037 (10/97)