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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G75026** **(6)**

1. Corporation Name
FIRST BENEFITS INC., OF FLORIDA

Principal Place of Business	Mailing Address
7402 N 56TH STREET SUITE 450. POB 290138 TAMPA FL 33687-138 US	7402 N 56TH STREET SUITE 450.PO BOX 290138 TAMPA FL 33687-0138 US

3. Date Incorporated or Qualified: **12/19/1983**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business
21 7930 U.S. HIGHWAY 301 N.
Suite, Apt. #, etc.
22 SUITE A
City & State
23 TAMPA FL
Zip 24 33637 Country 25 USA

2a. Mailing Address
26 P.O. BOX 290138
Suite, Apt. #, etc.
27
City & State
28 TAMPA FL
Zip 29 33687-0138 Country 30 USA

4. FEI Number: **59-2288043** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FRAZIER, ROBERT C
2950 N BEACH RD
A334
ENGLEWOOD FL 34223

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FURLONG, CAROLYN		1.2 NAME	
STREET ADDRESS	740 NE 199 ST., G-202		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, ROBERT		2.2 NAME	
STREET ADDRESS	2950 N. BEACH RD A334		2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, RICHARD		3.2 NAME	
STREET ADDRESS	5918 FAIRFAIX ST., N.W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CANTON OH		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GATZULIS, DANIEL		4.2 NAME	
STREET ADDRESS	2401 BAY BLVD. APT A		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FURLONG, KELLY		5.2 NAME	
STREET ADDRESS	740 NE 199TH ST. G202		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Robert C. Frazier ROBERT C. FRAZIER 4/19/97 (330) 666-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0371359