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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J66446 (2)

1. Corporation Name  
~~AMERICAN KENSON BENEFITS INC.~~ Peggy Sebastian  
N/C 3/27/97 Company, Inc.

Principal Place of Business  
2809 E JACKSON STREET  
ORLANDO FL 32803

Mailing Address  
2809 E JACKSON STREET  
ORLANDO FL 32803-6468

3. Date Incorporated or Qualified 04/10/1987  
3a. Date of Last Report 05/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1964 Howell Branch Rd.	26 1964 Howell Branch Rd., Suite 106	59-2793151	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 106	27 Suite 106	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23 Winter Park, FL 32792	28 Winter Park, FL 32792	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	<input type="checkbox"/>
24 32792	29 32792	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 Seminole	30 Seminole		

9. Name and Address of Current Registered Agent

SEBASTIAN, PEGGY  
2809 EAST JACKSON ST  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	Peggy Sebastian
82 Street Address (P.O. Box Number is Not Acceptable)	1964 Howell Branch Road
83	Suite 106
84 City	Winter Park, FL
85 Zip Code	32792

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: *Peggy Sebastian* 4/24/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SEBASTIAN, PEGGY	1.2 NAME	Sebastian, Peggy
STREET ADDRESS	2809 E JACKSON ST	1.3 STREET ADDRESS	1964 Howell Branch Road, Suite 106
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	T	2.1 TITLE	T
NAME	SEBASTIAN, PEGGY	2.2 NAME	Sebastian, Peggy
STREET ADDRESS	2809 E JACKSON ST	2.3 STREET ADDRESS	1964 Howell Branch Road, Suite 106
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Peggy Sebastian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

407-679-0020

CR2E034 (9/96)