

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:40

DOCUMENT # **J84269**

(6)

1. Corporation Name

BENEFITS RISK MGT., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 48100
JACKSONVILLE FL 32247-8100

P.O. BOX 48100
JACKSONVILLE FL 32247-8100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/27/1987

04/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-2843293

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

ROBERTS, KENNETH E.
BENEFITS RISK MGMT. INC.
5541 ARLINGTON RD., #2
JACKSONVILLE FL 32211

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 of current registered agent and the filer)

(Signature of registered agent, or registered when receiving)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P
ROBERTS, KENNETH E.
5541 ARLINGTON RD., #2
JACKSONVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 111.03(3)(b), Florida Statutes. I further certify that the information included in 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 liquidator thereof, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or attached, or on an attachment with this filing.

SIGNATURE:

Kenneth E. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
KENNETH E. ROBERTS Pres. dgt

4/29/95 904-745-9577
Date Original Filed