

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
32399-0001

**APPROVED
AND
FILED**

DOCUMENT # K73266
CARLISLE BENEFIT PLANS, INC.

(4)

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
% DAVID C. BEWLEY 2959 BEE RIDGE RD #A SARASOTA FL 34239		% DAVID C. BEWLEY 2959 BEE RIDGE RD #A SARASOTA FL 34239		03/15/1989		02/04/1994	
2. Number of Shares Authorized	2b. Mailing Address	4. FEI Number		Applied For		Not Applicable	
21	26	65-6025642					
22	27	5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	7. This corporation has liability for intangible tax under s. 199.02, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEWLEY, DAVID C. 2959 BEE RIDGE RD. SUITE B SARASOTA FL 34239				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.07, 607.08, and 607.1001, 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. Each change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, if any, familiar with, and accept the obligations of, sections 607.07, 607.08, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	D BEWLEY, DAVID C. 2959 BEE RIDGE RD STE B SARASOTA FL	NAME	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KIMBALL, MICHAEL B. 2903 CAPTIVA DR. SARASOTA FL	NAME	Please remove as an officer or director. No longer employed. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and that I am qualified for the position stated as follows: I am 1972/2002 Florida Statutes. I further certify that the information indicated on this annual report is a true and correct report as true and correct and that my appointment shall have the same legal effect as if made under oath. That I am an officer or director of the corporation at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of Block 1 of a changed or new annual report, as required.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

615/95 (813) 923 0425