

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K78256 (0)
1. Corporation Name

STEVENS & ASSOCIATES FRINGE BENEFIT CONSULTANTS, INC.



Principal Place of Business: **%JAMES STEVENS 1425 SE 14TH AVE DEERFIELD BEACH FL 33441**
Mailing Address: **%JAMES STEVENS 1425 SE 14TH AVE DEERFIELD BEACH FL 33441**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, Zip, and Country.

3. Date Incorporated or Qualified: **04/06/1989**
3a. Date of Last Report: **03/21/1995**
4. FET Number: **65-0121849**
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: **STEVENS, JAMES 1425 SE 14TH AVE DEERFIELD BEACH FL 33441**
10. Name and Address of New Registered Agent (B1-B5) fields.

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 typed or printed name of registered agent or director, if applicable) (Date: _____) (Date: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	NAME: STEVENS, JAMES G.	1. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1425 SE 14TH AVE	CITY-ST-ZIP: DEERFIELD BEACH FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: STEVENS, BEATRICE F.	2. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1425 SE 14TH AVE	CITY-ST-ZIP: DEERFIELD BEACH FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **James Stevens** (Signature typed or printed name of signing officer or director) **5/7/96** (Date)

CR2E034 (12/95)