FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (6)SELECTIVE BENEFITS, INC. Principal Place of Business Mailing Address %HOWARD GOLDSTEIN 701 US HWY 1, STE 401 NORTH PALM BEACH FL 33408 **%HOWARD GOLDSTEIN** 701 U.S. HWY 1 DO NOT WRITE IN THIS SPACE NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 01/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ELADON LINGE 21 65-0173406 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Bo ATDENS, FL 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name **GOLDSTEIN, HOWARD** 701 U.S. HWY 1 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH PALM BEACH FL 33408** 83 R4 City 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, typed or printed name of rejictered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 HTLE TITLE **GOLDSTEIN, HOWARD** 1.2 NAME MAME 701 U.S. HWY 1 STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY - ST - ZiP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4.2 NAME NAME

14. Thereby 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 of 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 emporing to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address

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