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Secretary of State

04-20-1999 90023 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L41288

1. Corporation Name

SELECTIVE BENEFITS, INC.

Principal Place of Business
 HOWARD GOLDSTEIN
 701 U.S. HWY 1
 NORTH PALM BEACH FL 33408

Mailing Address
 6175 CELADON CIRCLE
 701 US HWY 1, STE 401
 PALM BEACH GARDENS FL 33418
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <u>6175 Celadon Circle</u>		27 <u>6175 Celadon Circle</u>		01/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0173406	
City & State		City & State		5. Certificate of Status Desired	
23 <u>Palm Beach Gardens FL</u>		28 <u>Palm Beach Gardens FL</u>		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 <u>33418</u>		29 <u>05</u>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible	
25 <u>US</u>		30 <u>US</u>		Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOLDSTEIN, HOWARD
 701 U.S. HWY 1
 NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name Martha Goldstein
 82 Street Address (P.O. Box Number is Not Acceptable)
6175 Celadon Circle
 83
 84 City Palm Beach Gardens FL 85 Zip Code 33418

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 Martha Goldstein / President Vice Pres. DATE 5/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>D</u>	1.1 TITLE	<u>MARTHA Goldstein</u>
NAME	<u>GOLDSTEIN, HOWARD</u>	1.2 NAME	<u>6175 Celadon Circle</u>
STREET ADDRESS	<u>701 U.S. HWY 1</u>	1.3 STREET ADDRESS	<u>Palm Beach Gardens, FL</u>
CITY-ST-ZIP	<u>NORTH PALM BEACH FL</u>	1.4 CITY-ST-ZIP	<u>33418</u>
TITLE	<u>President Vice President</u>	2.1 TITLE	
NAME	<u>Martha Goldstein</u>	2.2 NAME	
STREET ADDRESS	<u>6175 Celadon Circle</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Palm Beach Gardens FL</u>	2.4 CITY-ST-ZIP	
TITLE	<u>33418</u>	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Martha Goldstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTHA Goldstein

4/16/99

(561) 622-2014

CR2E034 (11/98)