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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

AMERICAN CORPORATE BENEFITS, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							AIBH AIBH DIBH DIDH AIDH	il #1911 1841
% JOHN E. PHILLIPS 5270 DURANGO CIR PENSACOLA FL 32504		P.O. BOX 11213 PENSACOLA FL 32524-213 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						03/02/1990		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	 	oplied For
21		26				59-2994408		ot Applicable
Suite, Apt. 6	, etc.	Suite, Apt. #, etc.	· ·			5. Certificate of Status Desired		Additional equired
City & State		City & State	City & State			6. Election Campaign Financing		May Be
23		⊢ n '	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid	the current year In	angible
24	25	29	30	0		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	it Registered Agent		221		10. Name and Address of New Reg	Istered Agent	
PHILLIPS, JOHN E., JR.				81 Nar	ne			
5270 DURANGO CIR				82 Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32504				83				
				*				
				84 City	,		FL 85 Zip	Code
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508. Florida Statut	tes the at	Nove-nam	ed corpc	oration submits this statement for the pu		ts registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was :	authorized	d by the d	orporation	on's board of directors. I hereby accept	the appointment as	registered
	ir tarilliar with, and accept the obligi	millions of, election our loads, in	onda otat	0105.				į.
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Regis				Agent sign	sture require:	d when reinstating)	DATE	
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	DP COUNTY ID	☐ DELETE 1.1 T					Change	Addition
NAME	FATA DUDANCO CID			1.2 NAME				
STREET ADDRESS	DEMOACOLA EL			REET ADDRE	38			
CITY - ST - ZIP	VST			IY-ST-ZIP	+-		Change	Addition
NAME	PHILLIPS, JOHN E., JR.	vecter	2.1 TITLE 2.2 NAME				E Grange	
STREET ADDRESS	5270 DURANGO CIR		2.3 STREET		22			1
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		~			•
TITLE	DELET			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 N	ME				†
STREET ADDRESS	is as		3.3 ST	3.3 STREET ADDRESS				
CITY - ST - ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TO	LE			Change	Addition
NAME			4. 2 N					- 1
STREET ADDRESS			1	REET ADDRE	ss			1
CITY-ST-ZIP		DELETE		TY-ST-ZIP		-	Change	Addition
TITLE		Detert	5.1 TO 5.2 NA				C) Change	L. J. P. DOMION
NAME STREET ADDRESS				imic Reet addre	22			
CITY-ST-ZIP				IY-ST-ZIP	~			1
TITLE		☐ DELETE	6.1 TII		+		☐ Change	Addition
NAME			62 N					
STREET ADDRESS			6.3 ST	REET ADDRE	ss			
CITY-ST-ZIP				TY-ST-ZIP				
44 Ibasahira	The state of the s	the thin different places and according to	45		totad in E	Parties 110.07/97/0 Elevide Statutes Life	unther earlier that the	information

Increasy certify mat 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 appears.

4-29-98