

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M75064** (9)
1. Corporation Name
EMPLOYEE BENEFITS MANAGEMENT, INC.



Principal Place of Business % 402 43RD STREET WEST BRADENTON FL 34205	Mailing Address 1016 W. 9TH AVENUE ATTN: TAX DEPARTMENT KING OF PRUSSIA PA 19406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1988	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0037547	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	VD
NAME	BEHR, BRAD	12 NAME	Schubert, Thomas D.
STREET ADDRESS	1016 W. 9TH AVENUE	13 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	14 CITY-ST-ZIP	King of Prussia PA 19406
TITLE	VD	21 TITLE	
NAME	LOCILENTO, ARTHUR	22 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	SV
NAME	MARTINO, MARIE	32 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	DP
NAME	BOYD, JAMES E	42 NAME	Hulber, Loren T.
STREET ADDRESS	1016 W. 9TH AVENUE	43 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	44 CITY-ST-ZIP	King of Prussia PA 19406
TITLE		51 TITLE	
NAME		52 NAME	Boyd, James E.
STREET ADDRESS		53 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	King of Prussia PA 19406
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE:

Handwritten signature: Michael J. Martinez

CR2E034 (10/97)