

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46756** (5)

1. Corporation Name

**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL S
OCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALISTS**



Principal Place of Business C/O FIRST UNION NATIONAL BANK OF FLORIDA 200 SOUTH BISCAYNE BLVD. 14TH FLOOR MIAMI FL 33131 US	Mailing Address C/O FIRST UNION NATIONAL BANK OF FLORIDA 200 SOUTH BISCAYNE BLVD. 14TH FLOOR MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1992		3a. Date of Last Report 05/24/1996	
4. FEI Number 65-0325256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Principal Place of Business 21 c/o Barnett Bank, N.A. Suite, Apt. #, etc. 22 1 East Broward Blvd. City & State 23 Ft. Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 c/o Barnett Bank, N.A. Suite, Apt. #, etc. 27 1 East Broward Blvd. City & State 28 Ft. Lauderdale, FL Zip 29 33301	Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'LEARY, GERALD J
200 SOUTH BISCAYNE BOULEVARD
14TH FLOOR
MIAMI FL 33131**

81 Name Ms. Annely Thompson, CEBS
82 Street Address (P.O. Box Number is Not Acceptable) c/o Barnett Bank, N.A.
83 1 East Broward Boulevard
84 City Ft. Lauderdale
85 Zip Code FL 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Annely Thompson, CEBS - President** *Annely Thompson* **8/12/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Director - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'LEARY, GERALD J		1.2 NAME	
STREET ADDRESS 200 S. BISCAYNE BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE President - PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, ANNELY		2.2 NAME	
STREET ADDRESS ONE EAST BROWARD BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	
TITLE TSD	<input type="checkbox"/> DELETE	3.1 TITLE Vice President - VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FURLONG, CAROLYN I		3.2 NAME	
STREET ADDRESS 10800 BISCAYNE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33161		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Secretary/Treasurer - TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Daniel E. Durkin	
STREET ADDRESS		4.3 STREET ADDRESS 2255 Glades Road - Suite 400E	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

8/12/97 (511) 995-1721

CR2E037 (4/97)