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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000212 (2)

1. Corporation Name

THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL
SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALIST

Principal Place of Business 702 N. FRANKLIN ST. TAMPA FL 33602	Mailing Address P.O. BOX 2394 TAMPA FL 33601-2394 US	3. Date Incorporated or Qualified 11/05/1992
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	4. FEI Number 59-3205131 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 26	Country 27	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 28	Country 29	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
9. Name and Address of Current Registered Agent SIEMERS, RYAN A 3030 N. ROCKY POINT DR WEST STE. 410 TAMPA FL 33607		10. Name and Address of New Registered Agent Jeanelle Hires 1500 N. Dale Mabry
		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1500 N. Dale Mabry
		83
		84 City Tampa FL FL 33607

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 Jeanelle Hires Treasurer

5-1-98

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZARECZNY, THOMAS 100 S. ASHLEY, #1100 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GRETCHEN PO BOX 31328 N/A TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V 300002684563-3 -11/10/98-01054-018 *****61-25 *****61-25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRYSTYN, ELIZABETH 5521 W. CYPRESS STREET TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIEMERS, RYAN 3030 N. ROCKY PT DR W, STE. 410 TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, LINDA 702 N. FRANKLIN STREET, PLAZA 4 TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T Jeanelle Hires 1500 N. Dale Mabry Tampa, Fl. 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSEN, DONALD J 1511 N. WESTSHORE BLVD., SUITE 570 TAMPA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Wes Compton 3030 N. Rocky Pt. Dr. W. Ste. 410 Tampa, Fl

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

SIGNATURE: Jeanelle Hires REQUIRED

5-1-98 (813)871-4754

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