FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # PO1000002520 1. Entity Name American Benefits Concil Inc. DO NOT WRITE IN THIS SPACE							o5-21-2002 91147 042 ***158.75				
210 Del Suite, Apt.)	Suite, Apt. #, etc.	lò	Blod			DO NOT WRITE IN THIS :	SPACE		7	
City & State Corpe Coral FL Cape Zip Country Zip			Coral FC			4. FEI Number Applied For Not Applied For Not Applied For Status Desired \$8.75 Additional				1	
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				City	pe Co	·~ () FL	J	3909	1	
SIGNATURE . 9. This corpo Tax filing i	Signature, typed or printed name of registered agent as praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND D	January 1 - Ma January 1 - Ma After May 1 Amended Make Check Payable	Registere y 1 Fe , Fee i UBR I	1 Agent signature is \$150. s \$550.00 s \$61.25	re required whe	en reinsta	`		\$5.00 May Be Added to Fees		
TITLE	MEO	J. 101.01.01.0	TITLE							E	
NAME STREET ADDRESS CITY-ST-ZIP	Harker, M. Chance 101 NE 19th Ave Cape Coral FL 3391	09	СПУ	et address -St-ZIP						FD34B (12/	
TITLE NAME STREET ADDRESS	Harker, Sandra P 101 NE 19th Ave			et address						CRO	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cape Copal FC 339	29	TITLE NAM STRE				DO NOT WRI	TE			
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13. I hereby of the core	certify that the information supplied with a contribution or the receiver or trustee emocration or the receiver or trustee emocration or the receiver or trustee emocration.	this filing does not qualify for the true and accurate and that my	he exe	mption state ture shall ha uired by Ch	ed in Sections the same same the same same same same same same same sam	n 119 ne lega Florida	.07(3)(i), Florida Statutes. I further cer al effect as if made under oath; that I is a Statutes; and that my name appear	rtify tha	t the information officer or director		