FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16454** **(1)**

1. Corporation Name

APPLIED BENEFITS RESEARCH, INC.

Principal Place of Business

ATTN: ACCOUNTS PAYABLE DEPARTMENT
34125 US HIGHWAY 19 NORTH, STE. 300
PALM HARBOR FL 34684-2116

Mailing Address

ATTN: ACCOUNTS PAYABLE DEPARTMENT
34125 US HIGHWAY 19 NORTH, STE. 300
PALM HARBOR FL 34684-2116

3. Date Incorporated or Qualified: **10/20/1987**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **22-2801288** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORP. INFORMATION SERVICES INC
1201 HAYES STREET
TALLAHASSEE FL 32301

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, type or print name of corporate officer or other authorized person) _____ (Public Registered Agent signature required where applicable) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COSTELLO, THOMAS F	
STREET ADDRESS	34125 US HWY 19N	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	GOLDMAN, MARK M	
STREET ADDRESS	34125 US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VSD	☐ DELETE
NAME	MACDOUGALD, SUZANNE	
STREET ADDRESS	34125 US HWY 19 N. STE 300	
CITY-ST-ZIP	PALM HARBOR FL 34684-2113	
TITLE	V	☐ DELETE
NAME	METCALFE, RANDOLPH C.	
STREET ADDRESS	3315 HAVILAND CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VT	☐ DELETE
NAME	ADDONISIO,VINCENT	
STREET ADDRESS	34125 US HWY 19 N. STE 300	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	V	☒ DELETE
NAME	WASSEL,JIM	
STREET ADDRESS	34125 US HWY 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,P,C	☐ Change ☒ Addition
1.2 NAME	MACDOUGALD, JAMES E.	
1.3 STREET ADDRESS	34125 U.S. HWY 19 NORTH	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684-2116	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	HOOD, STEPHEN R.	
2.3 STREET ADDRESS	34125 U.S. HWY 19 NORTH	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684-2116	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 attached list with an address.

SIGNATURE: Vincent Addonisio — 4-29-96 — (813) 785-2819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VINCENT ADDONISIO