## **NOW: FILING FEE AFTER MAY 1 IS \$550.00**

ANNUAL REPORT 1997

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

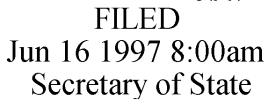
DOCUMENT # P16454

(1)

APPLIED BENEFITS RESEARCH, INC.

Principal Place of Business ATTN: ACCOUNTS PAYABLE DEPARTMENT 34125 US HIGHWAY 19 NORTH. STE. 300 Mailing Address

ATTN: ACCOUNTS PAYABLE DEPARTMENT 34125 US HIGHWAY 19 NORTH, STE. 300





2. Principal Place of Business				PALM HARBOR FL 34884-2116								
									3. Date Incorporated or Qualified 10/20/1987		te of Las 1/1996	<u> </u>
Suite, Apt. #, etc.  City & State				. Mailing Address					4. FEI Number			Applied For
			26						22-2801288			Not Applicat
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	X	<b>-</b>	5 Additional Required	
City & State	9			City & State					6. Election Campaign Financing		\$5.0	0 May Be
23			28						Trust Fund Contribution		Adde	d to Fees
Zip	L, °	ountry	<u> </u>	Zip	<b>├</b> ¬	ıntry			8. This corporation has liability for i			r s. 199.032,
24	25		29		30	Υ					No	
		Address of Current I	regis	stereo Agent		81	Name		10. Name and Address of New Re	jistered A	rgent	
		N SERVICES INC				"	Name					
	HAYES STREE					82	Street /	Addres	ss (P.O. Box Number is Not Acceptab	le)		
TALL	LAHASSEE FL 3	2301										
	.5					83						
						84	City			FL	<b>85</b> Z	ip Code
office or re agent. I ar	egistered agent, o	r both, in the State of	' Ftori	607,1508, Florida Statu Ida. Such change was of, Section 607.0505, F	authorize	d by	the corp	corpo oratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of it the appo	changing ointment	g its registere as registered
SIGNATURE .	Signature, typed or printe	ed name of registered agent a	and litte	e if applicable (NO	TE: Reg stere	d Age	nt signature	required	when reinstating)	DATE		
12.		OFFICERS AND I	DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	
TITLE	D			X DELETE	1.1 T	TLE		P			☐ Chang	je 🔀 Addil
NAME	COSTELLO, T				1.2 N	AME		De	nnis A. Sweeney			
STREET ADDRESS	34125 US HW				1.3 \$	IREE 1	ADORESS	34	125 U.S. Hwy 19N			
City-St-ZiP	PALM HARBO	R FL			1.4 C	(1Y-S	1 - 2IP			4684		
TITLÉ	D			DELETE	2.1 Ti	TLE					Chang	ge 🔲 Addit
NAME	goldman, M				2.2 N	AME						
STREET ADDRESS	34125 US HW				2.3 \$	TREET	ADDRESS					
CiTY-ST-ZIP	PALM HARBO	R FL			2.40	HTY - S	ST-ZIP					
TITLE	VSD			☐ DELETE	3.1 7	TLE					Chang	ge [] Addii
NAME	MACDOUGAL				3.2 N	AME						
STREET ADDRESS		Y 19 N. STE 300			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	PALM HARBO	R FL 34684-2113			3.4. (	HTY-5	51 - ZIP				_	
TITLE	V			☐ DELETE	4.1 1	IILE		V		_	Chang	je 🛄 Addil
NAME	METCALFE, R				4. 2 1	AME			ndolph C. Metcal:	fе		
STREET ADDRESS	3315 HAVILAN				4.3 S	IREE I	ADDRESS	34	125 U.S. Hwy 19N			
CITY-ST-ZIP	PALM HARBO	R FL			4.4 C	11Y-S	T- <b>7</b> (P	Pa	1m Harbor, FL 3	4684		
TITLE	VI			<b>→</b> DELETE	5.1 T	TLE		V			Chang	je 🗷 Addi
NAME	ADDONISIO,VI				5.2 N	AME			mes P. O'Drobinal	ĸ	1//	1 611
STREET ADDRESS		Y 19 N. STE 300			5.3 S	1REE I	ADDRESS		125 U.S. Hwy 19N	(	SM	0/10
CITY-ST-ZIP	PALM HARBO	R FL 34684			5.4 C	ITY-S	1-7IP			4684	$\Delta IJ$	7100
TITLE	DPC			☐ DELETE	6.1 T	TLE		D,			(A) Shang	ge 🔲 Addi
NAME	MACDOUGALI				6.2 N	AME			mes E. MacDougal	ı c		
STREET ADDRESS	34125 US HW		h.	5 - O.A	6.3 S	TREET	ADDRESS		125 U.S. Hwy 19N			
CITY-ST-ZIP	PALM HARBO			M3,75			1 · ZIP			4684		
14. I do hereb	n indicated on this	annual rapart or our	anlon	nontal annual roport ic	truo and	2001	irate and	that n	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	l ettect as	abern ti	ringer palli:

4.28-97