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Jun 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P16454

(1)

1. Corporation Name

APPLIED BENEFITS RESEARCH, INC.

XXXXXX XXXXX XXXXX XXXXX

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
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COSTELLO, THOMAS F
STREET ADDRESS 34125 US HWY 19N
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

TITLE D
NAME GOLDMAN, MARK M
STREET ADDRESS 34125 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

TITLE VSD
NAME MACDOUGALD, SUZANNE
STREET ADDRESS 34125 US HWY 19 N. STE 300
CITY-ST-ZIP PALM HARBOR FL 34684-2113 ☐ DELETE

TITLE V
NAME METCALFE, RANDOLPH C.
STREET ADDRESS 3315 HAVILAND CT
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

TITLE VT
NAME ADDONISIO, VINCENT
STREET ADDRESS 34125 US HWY 19 N. STE 300
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ DELETE

TITLE DPC
NAME MACDOUGALD, JAMES E.
STREET ADDRESS 34125 US HWY 19, N.
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Dennis A. Sweeney
1.3 STREET ADDRESS 34125 U.S. Hwy 19N
1.4 CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE V
4.2 NAME Randolph C. Metcalfe
4.3 STREET ADDRESS 34125 U.S. Hwy 19N
4.4 CITY-ST-ZIP Palm Harbor, FL 34684 ☒ Change ☐ Addition

5.1 TITLE V
5.2 NAME James P. O'Drobinak
5.3 STREET ADDRESS 34125 U.S. Hwy 19N
5.4 CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☒ Addition

6.1 TITLE D,C
6.2 NAME James E. MacDougald
6.3 STREET ADDRESS 34125 U.S. Hwy 19N
6.4 CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☐ Addition

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

SIGNATURE *[Signature]* 4-28-97

CR2E034 (9/96)