

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P31523** (4)  
1. Corporation Name  
**AVESIS INCORPORATED**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
100 W. CLARENDON 2300 PHOENIX AZ 85013 US		100 W. CLARENDON 2300 PHOENIX AZ 85013 US		10/18/1990	04/11/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21. State, Apt. #, etc.	26. State, Apt. #, etc.	86-0349350	Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**FOX, KATHY**  
407 WEKIVA SPRINGS RD., STE 241  
LONGWOOD FL 32779

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature and typed or printed name of registered agent Name, Registered Agent's name and date of registration DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	CEO CAPPADORA, FRANK 4201 NO 24 STR STE 300 PHOENIX AZ	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	CD COHEN, WILLIAM R. 35 HILLSIDE AVENUE HILLSIDE NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	D OOLIE, SAM 253 PASSAIC AVENUE FAIRFIELD NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY-STATE-ZIP	D COHEN, GERALD 156 W 56 STR NEW YORK NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	VT SMITH, MARK L. 4201 N. 24TH ST STE 300 PHOENIX AZ	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	CD RICHTER, WILLIAM L. 950 THIRD AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS			
18. CITY-STATE-ZIP			

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of changes, or on an attachment with an address.

SIGNATURE: *Mark L. Smith* 1/22/96 (602)241-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)