

65-498 B- 6313 - C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

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



Principal Place of Business 100 W. CLARENDON 2300 PHOENIX AZ 85013 US	Mailing Address 100 W. CLARENDON 2300 PHOENIX AZ 85013 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/18/1990

2. Principal Place of Business 21 3724 N. Third St.	2a. Mailing Address 26 3724 N. Third St.
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 Phoenix, AZ	City & State 28 Phoenix, AZ
Zip 24 85012	Country 25 US
Country 25 US	Zip 29 85012
	Country 30 US

4. FEI Number 88-0349350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FOX, KATHY
407 WEKIVA SPRINGS RD., STE 241
LONGWOOD FL 32779**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	BLUM, KENNETH L SR	
STREET ADDRESS	100 W. CLARENDON #2300	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COHEN, WILLIAM R.	
STREET ADDRESS	35 HILLSIDE AVENUE	
CITY-ST-ZIP	HILLSIDE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OOLIE, SAM	
STREET ADDRESS	253 PASSAIC AVENUE	
CITY-ST-ZIP	FAIRFIELD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, GERALD	
STREET ADDRESS	158 W 58 STR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KEMPLER, NEAL A	
STREET ADDRESS	100 W CLARENDON AVE #2300	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHTER, WILLIAM L.	
STREET ADDRESS	450 PARK AVE 28TH FL	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blum, Kenneth L. Sr.	
1.3 STREET ADDRESS	3724 N. Third St., #300	
1.4 CITY-ST-ZIP	Phoenix, AZ 85012	
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kempler, Neal A	
2.3 STREET ADDRESS	3724 N. Third St., #300	
2.4 CITY-ST-ZIP	Phoenix, AZ 85012	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alperstein, Joel H.	
3.3 STREET ADDRESS	3724 N. Third St., #300	
3.4 CITY-ST-ZIP	Phoenix, AZ 85012	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Joel H. Alperstein* **Joel H. Alperstein** 4/21/98 602-241-3400

CR2E034 (10/97)