

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90083 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000011379**

1. Corporation Name  
**BENEFIT SERVICES GROUP, INC.**



Principal Place of Business  
1730 SHADOWOOD LANE  
SUITE 302  
JACKSONVILLE FL 32207  
US

Mailing Address  
1730 SHADOWOOD LANE  
SUITE 302  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified<br><b>02/12/1993</b>  |
| 21                             | 26                  | 4. FEI Number<br><b>59-3163349</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                              |
| City & State                   | City & State        | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 23                             | 28                  |   |
| Zip Country                    | Zip Country         |   |
| 24                             | 29                  |   |
| 25                             | 30                  |   |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIKENS, DONALD L.  
1730 SHADOWOOD LANE, SUITE 302  
~~SUITE 4~~  
JACKSONVILLE FL 32207

81 Name **LIKENS, DONALD L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1730 SHADOWOOD LANE, SUITE 302**  
83  
84 City **JAX** FL 85 Zip Code **32207**

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 *Donald L. Likens*

(NOTE: Registered Agent signature required when reinstating)

DATE

**JANUARY 22, 1999**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STOLL, PHYLLIS L</b>                  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1730 SHADOWOOD LANE, SUITE 302</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LIKENS, DONALD L</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1730 SHADOWOOD LANE, SUITE 302</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 22, 1999** (904) 398-7977

Date

Daytime Phone #

CR2E034 (11/98)