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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018757 (3)

DEVEREAUX BENEFIT SERVICES, INC.

FILED Jun 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4312 MIDLAND STREET 4312 MIDLAND STREET SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0391624 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangular Personal Property Tax due June 30. Yes No Zip Country Ζip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEVEREAUX, WILLIAM F SR 4312 MIDLAND STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 City 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 profiled name of registerior asked and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change DÉVEREAUX, WILLIAM F 1.2 NAME NAME **4312 MIDLAND STREET** 1.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL 34231** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 THILE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREE1 ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 5000025565**d**Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME -06/11/98--01046---03 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP 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.

CICHARUPE ALIMINA ED

Warning.

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