

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028515 (3)

1. Corporation Name

FINANCIAL BENEFIT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
220 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

Mailing Address
220 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

3. Date Incorporated or Qualified
04/19/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3180034

Applied For
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. ZIP

Country

28. ZIP

Country

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24. ZIP

Country

29. ZIP

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODALE, KATHERINE B
220 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

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)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
GOODALE, KATHERINE B
220 LOOKOUT PL 200
MAITLAND FL
V
HALL, JUDITH K
220 LOOKOUT PL 200
MAITLAND FL
V
COLE, ALAN
220 LOOKOUT PL 200
MAITLAND FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 119.03(9)(a), Florida Statutes. Further, I do hereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHERINE B GOODALE

4-24-95

Date

Signature