

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043167 (3)

1. Corporation Name
MULTI BENEFITS GROUP, INC.

Principal Place of Business 1602 WEST STAFFORD ST. HERNANDO FL 34442	Mailing Address 1602 WEST STAFFORD ST. HERNANDO FL 34442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3251257	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81	Name Robert F. Collins
				82	Street Address (P.O. Box Number is Not Acceptable) 1602 WEST STAFFORD ST
				83	City HERNANDO
				84	State FL
				85	Zip Code 34442

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 Robert F. Collins Robert F. Collins 4/14/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, PATRICIA	1.2 NAME	Robert F. Collins
STREET ADDRESS	7633 NORTHFIELD DR.	1.3 STREET ADDRESS	1602 W - STAFFORD ST.
CITY - ST - ZIP	COLUMBUS GA	1.4 CITY - ST - ZIP	HERNANDO FL 34442
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	FORD, KAREN M.	2.2 NAME	
STREET ADDRESS	42 JOHNSON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEABODY MA	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PATRICIA E. COLLINS
STREET ADDRESS		3.3 STREET ADDRESS	1602 W - STAFFORD ST.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	HERNANDO, FLORIDA 34442
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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)(f), 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: Robert F. Collins Robert F. Collins 4/14/98 352-527-4323

CR2E034 (10/97)