

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000077030

1. Corporation Name
MUTUAL BENEFITS CORP.

Principal Place of Business
2881 E. OAKLAND PK. BLVD.
SUITE 200
FORT LAUDERDALE FL 33306
US

Mailing Address
2881 E. OAKLAND PK. BLVD.
SUITE 200
FORT LAUDERDALE FL 33306
US

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90017 028 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0528700	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5.00 May Be Added to Fees	
MCNERNEY, MICHAEL J		81 Name		8. This corporation owes the current year intangible	
BRINKLEY, MCNERNEY, MORGAN, ET AL.		82 Street Address (P.O. Box Number is Not Acceptable)		Personal Property Tax.	
200 EAST LAS OLAS BLVD., SITE. 1800		83		<input type="checkbox"/> Yes <input type="checkbox"/> No	
FORT LAUDERDALE FL 33301		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	5555 N. OCEAN BLVD. #64	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	FT. LAUDERDALE FL	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

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

1/5/99

Date

954-564-7990

Daytime Phone #

CR2E034 (11/98)