

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000023769 (9)

1. Corporation Name

BENEFIT CONSULTANTS OF SOUTH FLORIDA, INC.



Principal Place of Business

1700 MEDICAL LN.VD., SUITE 207  
FT. MYERS FL 33907  
US

Mailing Address

1700 MEDICAL LN.VD., SUITE 207  
FT. MYERS FL 33907-1111  
US

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLEMING, DONALD W  
1700 MEDICAL LANE  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

FL

85 Zip Code

33907

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

Sharon E. Miller, President

2-1-97

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 VPS ☐ DELETE

NAME MILLER, SHARON E

STREET ADDRESS 1520 SAN CARLOS BAY DR

CITY - ST - ZIP SANIBEL FL

TITLE T/D ☒ DELETE

NAME FLEMING, SUE

STREET ADDRESS 2716 SW 38TH LANE

CITY - ST - ZIP CAPE CORAL FL

TITLE D ☒ DELETE

NAME LER, SHARON

STREET ADDRESS 1520 SAN CARLOS BAY DR

CITY - ST - ZIP CAPE CORAL FL

TITLE P/D ☒ DELETE

NAME FLEMING, DONALD

STREET ADDRESS 2716 SW 38TH LANE

CITY - ST - ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Sharon E. Miller

1.3 STREET ADDRESS 1520 San Carlos Bay Dr.

1.4 CITY - ST - ZIP Sanibel, FL 33957 ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE C/O CEO ☐ Change ☒ Addition

3.2 NAME Richard N. Miller

3.3 STREET ADDRESS 1520 San Carlos Bay Dr.

3.4 CITY - ST - ZIP Sanibel, FL 33957 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 secretary 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: RICHARD N. MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-97

941-275-6888

CR2E034 (9/96)