

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

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May 08 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 # 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12595 New Brittany Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 12595 New Brittany Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/24/1995	
22 City & State 23 Ft Myers, FL		27 City & State 28 Ft Myers FL		4. FEI Number 65-0568649	
24 33907		25 Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 33907		30 Lee		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MILLER, SHARON E. 1700 MEDICAL LANE SUITE 110 FT. MYERS FL 33907				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	
10. Name and Address of New Registered Agent				7. This corporation has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 12595 New Brittany Blvd	
83		84 City Ft Myers	
85		86 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	
NAME	MILLER, SHARON E	1.2 NAME	
STREET ADDRESS	1520 SAN CARLOS BAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANDBEL FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	MILLER, SHARON E.	2.2 NAME	
STREET ADDRESS	1520 SAN CARLOS BAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANDBEL FL	2.4 CITY-ST-ZIP	
TITLE	CT	3.1 TITLE	
NAME	MILLER, RICHARD N.	3.2 NAME	
STREET ADDRESS	1520 SAN CARLOS BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANDBEL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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.

SIGNATURE: Sharon E. Miller, Pres. 4-28-98 (741)-278-3000

CR2E034 (10/97)