

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000033621 (0)**

1. Corporation Name

CUSTOM BENEFIT PROGRAMS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

9350 SOUTH DIXIE HIGHWAY, PH-1
MIAMI FL 33156

9350 SOUTH DIXIE HIGHWAY, PH-1
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25		30	

g. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

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 607.06(2) and 607.07(2), 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 provisions of, Sections 607.06(2) and 607.07(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D Chairman	<input type="checkbox"/> DELETED
NAME	LIEDMAN, Y. STEPHEN	
STREET ADDRESS	9350 SOUTH DIXIE HIGHWAY, PH-1	
CITY, ST, ZIP	MIAMI FL 33156	
TITLE	President	<input type="checkbox"/> DELETED
NAME	Gregory J. Morano	
STREET ADDRESS	307 12th Street	
CITY, ST, ZIP	Hammonton, NJ 08037	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETED
NAME	Vincent Ciccatiello	
STREET ADDRESS	307 12th Street	
CITY, ST, ZIP	Hammonton, NJ 08037	
TITLE	Vice President	<input type="checkbox"/> DELETED
NAME	Lewis Pantalone	
STREET ADDRESS	307 12th Street	
CITY, ST, ZIP	Hammonton, NJ 08037	
TITLE	Vice President	<input type="checkbox"/> DELETED
NAME	Mark I. Levitats	
STREET ADDRESS	9350 S. Dixie Hwy. PH-1	
CITY, ST, ZIP	Miami, FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information indicated on this report is true and correct, and that I am an officer or director of the corporation, and that my name appears in Block 12 or Block 13 of this report. I declare that I am not a minor, and that I am not a convicted felon under the provisions of Chapter 607, Florida Statutes, and that my name

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 305-670-9595

CR2E034 (12/95)