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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary Slate DIVISION OF CORPORATIONS

P95000060418 (7) **DOCUMENT #** 1. Corporation Name

USA BENEFITS GROUP, INC.

1996 199

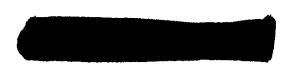
Principal Place of Business

Mailing Address

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Participa Proces of Business 2. Mainty Advisors 2. Mainty Advisors 2. Mainty Advisors 2. Mainty Advisors 2. Solid. AST. Lace Olde Blvd. 5. Certificate of Salatas Center 5. Food Advisors 5. Certificate of Salatas Center 5. Food May De Addition 5. Certificate of Salatas Center 5. Cente		ETENTION MANAGEMENT, INC. STREET, SUITE 200 FL 34237	C/O RISK RETENTION A 2033 WOOD STREET. S SARASOTA FL 34237		3. Date Incorporated or Qualified 08/04/1995	3a. Date of Last Report	
Section Sect	2. Principal Pla	ace of Business	2a Malling Address	,,,,,,,	A FELNumber	Applied For	
22 515 E. Las Olas Blvd 27 Suttle 950	21 USA B	enefits Group, In	26 515 E. Las	Olas Blvd.	65-06097	Not Applicable	
City & State City Zity	22 5 1 5 E	Suite 950	Suile, Apr. #, elc.	e 950	5. Certificate of Status Desired	1 1	
23 Pt					6. Election Campaign Financing	\$5.00 May 80	
29 33301 28 Broward 29 33301 30 Broward 29 33301 30 Broward 20 33301 30 Broward 30	23 Ft. L	auderdale. FL	28 Ft. Lauderd	dale. FL			
BYERS, KELLY C/O RISK RETENTION MANAGEMENT, INC. 2033 WOOD STREET, SUITE 200 SARASOTA FL 34237 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida. Statutas, tive ebove-named corporation submits this statement for the purpose of designing its opalised difference in the purpose of changing its opalised difference in the purpose of changing its opalised difference in the purpose of provided agent or both, in the day of Florida. Such change was authorized by the exponention's board of directors. I hereby accept the appointment as regulared agent. I am plant on the purpose of changing its opalised difference in the purpose of changing its opa	Zip	Country	Country Zip Country		8. This corporation has liability for intangible tax under s 199.032,		
BYERS, KELLY C/O RISK RETENTION MANAGEMENT, INC. 2033 WOOD STREET, SUITE 200 SARASOTA FL 34237 BY CHARLES STORE ARRASOTA FL 34237 BY CHA	24 3330		33301 W DIOWALU				
BYERS, KELLY CIO RISK RETENTION MANAGEMENT, INC. 2033 WOOD STREET, SUITE 200 SARASOTA FL 34237 4		9. Name and Address of Current I	Registered Agent		10. Name and Address of New R	egistered Agent	
CIO RISK RETENTION MANAGEMENT, INC. 203 WOOD STREET, SUITE 200 SARASOTA FL 34237 B4 CM*Ft. Lauderdale FL 85 Zip Code 3 33316 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Findida Statutes, the above-named comporation submits this statement for the purpose of changing its registered direct formitter with april or both, in the Purpose of Indida. Such changing was authorized by the corporation's board of directors. I hovely accept the appointment as registered agent, I am formit and any of open they highly of the purpose of changing its registered agent. I am formit any one and appropriately of the purpose of changing its registered directors. I hovely accept the appointment as registered agent. I am formit any one and appropriately of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered directors. I hovely accept the appropriate of the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am formit in the purpose of changing its registered agent. I am							
SARASOTA FL 34237 Provided to the provisions of Sections 607.0502 and 607.1508, filorida Statutes, the above-named composition submits the statement for the purpose of changing its registered diffee or registed digent, or both, in the buye of Fords. Such change was authorized by the corporation's board of recircus. However, accept the appointment as registered diffee or registed digent, or both, in the buye of Fords. Such change was authorized by the corporation's board of recircus. However, accept the appointment as registered diffee or registered diffee. 12.							
Pursuant to the provisions of Sections 507.0502 and 607.1508, Florids Statutes, till between new processes of changing its registered office or registered signer, or both, in the cryp of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered office or registered of the provision of Section 807.0505, Florids Statutes. Signature Sign	SM3 MOOD SIREE!, SUITE 200						
The properties of the properti	SARAS	OTA FL 34237		84 City		85 Zio Code	
The properties of the properti	FL 33316						
SIGNATURE	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 Brate 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 all controls the provisions of Section 607.0505, Florida Statutes.						
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CITY-ST-ZIP 6.4 CITY-ST-ZIP				1		~150,76.\	
						1,160	
		y partify that the information superior with	h this filing is voluntarily funda		or the everentian stated in Poeting 140	07/2VIA Florido Statutos Litutas	

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