

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

FILED

Apr 17 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 # P95000077733 (0)

1. Corporation Name
BENEFIT ONE OF AMERICA, INC.

Principal Place of Business 5999 CENTRAL AVENUE SUITE 400 ST. PETERSBURG FL 33710	Mailing Address 5999 CENTRAL AVENUE SUITE 400 ST. PETERSBURG FL 33710-8542
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1995		3a. Date of Last Report 04/03/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 59-3416997		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WITTNER, JEAN G 5999 CENTRAL AVENUE SUITE 400 ST. PETERSBURG FL 33710				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (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	D	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITTNER, JEAN G			1.2 NAME			
STREET ADDRESS	5999 CENTRAL AVENUE, SUITE 400			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Ted P. Wittner		
STREET ADDRESS				2.3 STREET ADDRESS	5999 Central Avenue #400		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	St. Petersburg, FL 33710		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	John W. Fraser		
STREET ADDRESS				3.3 STREET ADDRESS	5999 Central Avenue #400		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	St. Petersburg FL 33710		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Kathryn A. Woodward		
STREET ADDRESS				4.3 STREET ADDRESS	5999 Central Avenue #400		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	St. Petersburg FL 33710		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Kathryn A. Woodward* 3/27/97 (813) 384-3000
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Kathryn A. Woodward
 Date Daytime Phone #
 0376726

CR2E034 (9/96)