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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	1000	- Constant	1		
DOCU 1. Corporatio	MENT # P9500	00096775 (8)		
·	CIATION BENEFITS SOLUT	TIONS. INC.			
				I JARITARI JIR IAIR) BIIH DAIH DRIIL ARID ARID ARID	DHA BURN (CAN LACC) BUR NATA
Principal Plac	e of Business	Mailing Address			OF THE STATE COLD IN THE STATE OF THE STATE
1949 RAYMOND DIEHL ROAD		1949 RAYMOND DIEHL ROAD			
SUITE D TALLAHASSEE FL 32308		SUITE D			
INCLAMASSI	EE PL 32306	TALLAHASSEE FL 323	JE .	,	ate of Last Report
2 Dringing C	Ness of Chairman	20 Maillea Anthrea		12/22/1995 4. FEI Number	MA. NEW
21	Place of Business	2a. Mailing Address		× 59-3362079	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & Sta	le .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	
24	25	29	30	Florida Statutes Yes No	
5.00	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
D P					<u></u>
TUTEN, JAMES T 1949 RAYMOND DIEHL ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE (83		
	IASSEE FL 32308		84 City		■ 85 Zip Code
				F	L S S S
 11. Pursuant or registe 	to the provisions of Sections 607.05 ered agent, or with, in the State of Flo	i02 and 607.1508, Florida Statu orida. Such change was authori.	tes, the above-named corporated by the corporation's boa	pration submits this statement for the purpose of card of directors. I hereby accept the appointment	changing its registered office as registered agent. I am
familiar v	vith, and accept the obligations of, Se	ection 607.0505 lorida Statute	S.	ard of directors. Thereby accept the appointment 4/z 4	19/-
SIGNATURE	signature, typed or printed name of registered ag	ent and little if applicable. (N	OTE Registered Agent signature require		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
1171.	D D	☐ DELETE	1. 1 TITLE		ND DIRECTORS IN 12 Change: Addition Change: Addition
NAME	MULLINAX, ROBERT E		1.2 NAME		2
STREET ADDRESS CITY-ST-ZIP	3246 DUNGARVIN DRIVE TALLAHASSEE FL 32308		1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		LI C
HILE	D	☐ DELETE	2. 1 TITLE		Change Addition
NAME	ARTHUR, TERRY		2.2 NAME		
STHEET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312	□ DELETE	2.4 CITY - ST - ZIP		Change C Addition
TITLE NAME	D BUCHANAN, MARY WELLS	T DETELE	3. 1 TITLE 3.2 NAME		☐ Change: ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP	MADISON FL 32340		3.4 City-St-ZiP		
TITLE	D	DELETE	4. 1 TITLE		☐ Change: ☐ Addition
NAME	Noren, Hebert Lee	_	4.2 NAME		
STREET ADDRESS		E	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311	DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change: Addition
TITLE NAME	D Tuten, James T	[DELETE	5.1 TITLE 5.2 NAME		C cusulo. C vegition
STREET ADDRESS	- 1 AIDAM DAID		5.3 STREET ADDRESS		
CITY-ST-ZIP			3 9 9 INCCL MUUNEAN 1		
	TALLAHASSEE FL 32312		5.4 City-St-ZiP		
	TALLAHASSEE FL 32312	DELETE			Change Addition
	TALLAHASSEE FL 32312	H. DELETE	5.4 City - St - ZiP		Change: Addition
NAME STREET ADDRESS	TALLAHASSEE FL 32312	M. DELETE Sourt 32303	5.4 CITY-ST-ZIP 6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY+ST+ZIP	TALLAHASSEE FL 32312 Hutto, Michael 5607 Grove Val Tallahassee, F	H. DELETE Ney Court 33303 Individual this filing is voluntarily fur	5.4 City-St-ZIP 6 1 Title 6.2 NAME 6.3 STREET ADDRESS 6.4 City-St-ZIP	for the exemption stated in Section 119.07(3)(k),	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 or figed, or on an attachment with an address.

SIGNATURE: \(\)

YEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 Date 904-386-5806 Daytinio Phoise #