

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000096775 (8)

1. Corporation Name  
ASSOCIATION BENEFITS SOLUTIONS, INC.

FILED  
97 APR 29 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1949 RAYMOND DIEHL ROAD  
SUITE D  
TALLAHASSEE FL 32308

Mailing Address  
1949 RAYMOND DIEHL ROAD  
SUITE D  
TALLAHASSEE FL 32308-3841

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/22/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
00-3956207 59-3362079

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
TUTEN, JAMES T  
1949 RAYMOND DIEHL ROAD  
SUITE D  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 FL 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 reissuing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MULLINAX, ROBERT E	3248 DUNGARVIN DRIVE	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	ARTHUR, TERRY	8338 BARROW HILL TRAIL	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	BUCHANAN, MARY WELLS	ROUTE 4, BOX 2014	MADISON FL 32340	<input type="checkbox"/>
D	NOREN, HERBERT LEE	8058 GREENMONT AVENUE	TALLAHASSEE FL 32311	<input checked="" type="checkbox"/>
D	TUTEN, JAMES T	3129 CABOT ROAD	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	HUTTO, MICHAEL H.	5607 GROVE VALLEY COURT	TALLAHASSEE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

1 000002164781-2  
-05/02/97-01162-015  
\*\*\*\*165.00 \*\*\*\*165.00

D William Petriero, William Carmine  
123 Mill Branch Road  
Tallahassee, FL 32312

984-30-97

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 as changed, or on an attachment with an address.

SIGNATURE  
Tuten, James T

CR2E034 (9/96)