

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

FILED  
Aug 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067555 (8)

1. Corporation Name  
COORDINATED BENEFITS PLANNERS, INC.



Principal Place of Business  
800 LESLIE DRIVE  
NO. 919  
HALLANDALE FL 33009

Mailing Address  
200 LESLIE DRIVE  
NO. 919  
HALLANDALE FL 33009-7318

3. Date Incorporated or Qualified  
08/14/1996

3a. Date of Last Report  
NEW CORP.

2. Principal Place of Business  
21 3805 UNIVERSITY BLVD. WEST  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3805 UNIVERSITY BLVD. WEST  
Suite, Apt. #, etc.

4. FEI Number  
65 0700320

Applied For  
Not Applicable

22 City & State  
JACKSONVILLE FL.

27 City & State  
JACKSONVILLE FL.

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

23 Zip  
32217

25 Country  
DUAL

29 Zip  
32217

30 Country  
DUAL

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

LICATA, MICHAEL  
200 LESLIE DRIVE  
NO. 919  
HALLANDALE FL 33009

81 Name  
AREIGH C. MERRILL

82 Street Address (P.O. Box Number is Not Acceptable)  
3805 UNIVERSITY BLVD. WEST

83

84 City  
JACKSONVILLE FL

85 Zip Code  
32217

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  
AREIGH C. MERRILL President 6/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	LICATA, MICHAEL	
STREET ADDRESS	200 LESLIE DRIVE, NO. 919	
CITY-ST-ZIP	HALLANDALE FL 33309	
TITLE	D	DELETE
NAME	SHANE, A. LEE	
STREET ADDRESS	200 LESLIE DRIVE, NO. 919	
CITY-ST-ZIP	HALLANDALE FL 33309	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	Change	Addition
1.2 NAME	AREIGH C. MERRILL		
1.3 STREET ADDRESS	3805 UNIVERSITY BLVD. WEST		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32217		
2.1 TITLE	SECRETARY	Change	Addition
2.2 NAME	A. LEE SHANE		
2.3 STREET ADDRESS	3805 UNIVERSITY BLVD. WEST		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32217		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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: (A. Lee Shane) 6/27/97 (402) (677) 2221

CR2E034 (9/96)