


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

FILED

Feb 19 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 # P96000071938 (0)					
1. Corporation Name BUREAU BENEFITS CONSULTANTS, INC.					
Principal Place of Business 3556 GATLIN PLACE CIRCLE ORLANDO FL 32812			Mailing Address 3556 GATLIN PLACE CIRCLE ORLANDO FL 32812-7753		
2. Principal Place of Business 21 4405 VINELAND ROAD		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/27/1996	
Suite, Apt. #, etc. 22 C-11		Suite, Apt. #, etc. 27		3a. Date of Last Report 8-27-96	
City & State 23 ORLANDO, FL		City & State 28 SAME		4. FEI Number 59-3400610	
Zip 24 32811		Country 25 ORANGE		Applied For Not Applicable	
9. Name and Address of Current Registered Agent CRAIN, EDWIN L 3556 GATLIN PLACE CIRCLE ORLANDO FL 32812		10. Name and Address of New Registered Agent 81 Name EDWIN L. CRAIN 82 Street Address (P.O. Box Number is Not Acceptable) 8703 BAYHILL BLVD. 83 84 City ORLANDO FL 85 Zip Code 32819		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Edwin L. Crain		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PRESIDENT <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME EDWARD E. REITH		1.2 NAME			
STREET ADDRESS 1401 PLINTWOOD		1.3 STREET ADDRESS			
CITY-ST-ZIP RICHARDSON, TX 75081		1.4 CITY-ST-ZIP			
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME EDWIN L. CRAIN		2.2 NAME			
STREET ADDRESS 8703 BAYHILL BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO, FL 32819		2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
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: Edwin L. Crain EDWIN L. CRAIN 4-P. 2-13-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)