

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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000079807 (9)**  
 1. Corporation Name  
**EPG BENEFITS, INC.**



Principal Place of Business <b>SUITE 715 SOUTH                  4000 HOLLYWOOD BLVD.                  HOLLYWOOD FL 33021</b>	Mailing Address <b>SUITE 715 SOUTH                  4000 HOLLYWOOD BLVD.                  HOLLYWOOD FL 33021</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	2600 Weston Rd	26	2500 Weston Rd	09/24/1996		65-0696532		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22 Suite # 318		27 Suite # 318		<input type="checkbox"/>					
City & State		City & State		6. Election Campaign Financing		5.00 May Be Added to Fees			
23 Weston, Florida		28 Weston Fla		<input type="checkbox"/>					
Zip		Country		Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	33331	25	USA	29	33331	30	USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LEVY, BARUCH B  
 4000 HOLLYWOOD BLVD.  
 SUITE 715 SOUTH  
 HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

81	Name	Levy, Baruch
82	Street Address (P.O. Box Number is Not Acceptable)	2500 Weston Rd suite 318
83		
84	City	Weston FL
85	Zip Code	33331

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, BARUCH	
STREET ADDRESS	4000 HOLLYWOOD BLVD. SUITE 715 SOUTH	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HUNTER, SCOT	
STREET ADDRESS	4000 HOLLYWOOD BLVD. SUITE 715 SOUTH	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	CAPANO, SALVATORE	
STREET ADDRESS	4000 HOLLYWOOD BLVD. SUITE 715 SOUTH	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Levy, Baruch	
1.3 STREET ADDRESS	2500 Weston Rd	
1.4 CITY-ST-ZIP	Weston, Fla 33331	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hunter, Scot	
2.3 STREET ADDRESS	2500 Weston Rd	
2.4 CITY-ST-ZIP	Weston, Fla 33331	
3.1 TITLE	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Capano, Salvatore	
3.3 STREET ADDRESS	2500 Weston Rd	
3.4 CITY-ST-ZIP	Weston, Fla 33331	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: \_\_\_\_\_ 1/12/98

CR2E034 (10/97)