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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016416 (4)

VOLUNTARY BENEFIT SOLUTIONS, P.A.

Principal Place of Business Mailing Address PO BOX 2827

FILED Apr 16 1998 8:00am Secretary of State



PO BOX 2827 **BOCA RATON FL 33427 BOCA RATON FL 33427** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-342977*3* 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **GOLDSTEIN. GARY** Charles T. Gibson ddress (P.O. Box Number is Not Accept 5621 COACH HOUSE CIRCLE 82 UNIT C 7036 Heritage **BOCA RATON FL 33486** 83 84 Zip Code 32312 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. Charles T. Gibson

consture, typed or printed name of registered agent and title if applicable 4-11-98 SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ■ Addition TITLE 1.1 TITLE GOLDSTEIN, GARY NAME 1.2 NAME PO BOX 2827 N/A STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33427** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 21 TITLE GIBSON, CHARLES T NAME 2.2 NAME 7036 HERITAGE RIDGE ROAD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32312 CITY - ST - ZIP 2 4 CITY-ST-ZIP TETLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-71P