

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034300 (8)

1. Corporation Name
MEMBERSHIP GROUP PLANS, INC.



Principal Place of Business 2729 AUTUMN LEAVES DR. DAYTONA BEACH FL 32124	Mailing Address 2729 AUTUMN LEAVES DR. DAYTONA BEACH FL 32124
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DO NOT WRITE IN THIS SPACE

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 04/16/1997	
4. FEI Number 59-3441226		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent WOLFGANG, HENRY D 2729 AUTUMN LEAVES DR. DAYTONA BEACH FL 32124				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WOLFGANG, HENRY D	1.2 NAME	
STREET ADDRESS	2729 AUTUMN LEAVES DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WOLFGANG, CAROLE D	2.2 NAME	
STREET ADDRESS	2729 AUTUMN LEAVES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WALKER, ERICA D	3.2 NAME	
STREET ADDRESS	934 C. MEADOW VIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL 32127	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ 4-29-98

CR2E034 (10/97)