

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90082 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000098265

1. Corporation Name
HILLCREST BENEFIT ADMINISTRATORS, INC.

Principal Place of Business
 185 HWY 441
 MT DORA FL 32757

Mailing Address
 P O BOX 1515
 MT DORA FL 32756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1997	
4. FEI Number 59-3478181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 18500 US Hwy 441	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Mount Dora, FL	City & State 28
Zip 24 32757	Country 25 US

9. Name and Address of Current Registered Agent

BIRON, LOUIS R
3861 WATERCREST DRIVE
LONGWOOD FL 32779

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRON, LOUIS R	
STREET ADDRESS	P O BOX 1515 N/A	
CITY-ST-ZIP	MT DORA FL 32756-1515	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMPTON, LANCE N	
STREET ADDRESS	P O BOX 1515 N/A	
CITY-ST-ZIP	MT DORA FL 32756-1515	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, ROGER L	
STREET ADDRESS	P O BOX 1515 N/A	
CITY-ST-ZIP	MT DORA FL 32756-1515	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, CARMINE N	
STREET ADDRESS	P O BOX 1515 N/A	
CITY-ST-ZIP	MT DORA FL 32756-1515	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, KAY	
STREET ADDRESS	P O BOX 1515 N/A	
CITY-ST-ZIP	MT DORA FL 32756-1515	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	18500 US Hwy 441	
1.4 CITY-ST-ZIP	Mount Dora, FL 32757	
2.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	18500 US Hwy 441	
2.4 CITY-ST-ZIP	Mount Dora, FL 32757	
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	18500 US Hwy 441	
3.4 CITY-ST-ZIP	Mount Dora, FL 32757	
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	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	18500 US Hwy 441	
5.4 CITY-ST-ZIP	Mount Dora, FL 32757	
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, with all other like empowered.

SIGNATURE: _____ DATE: **4/27/99** DAYTIME PHONE #: **352-383-9007**

CR2E034 (11/98)