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Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107179 (8) *N/C*

1. Corporation Name
FINANCIAL BENEFITS, INC. 3/13/98



Principal Place of Business: **5515-3 PHILIPS HIGHWAY JACKSONVILLE FL 32207**

Mailing Address: **5515-3 PHILIPS HIGHWAY JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 69 PLAYERS CLUB VILLAS Suite, Apt. #, etc. City & State PONTE VEDRA BEACH, FL Zip 32082		2a. Mailing Address 69 PLAYERS CLUB VILLAS Suite, Apt. #, etc. City & State PONTE VEDRA BEACH, FL Zip 32082		3. Date Incorporated or Qualified 12/22/1997	
25. USA		29. USA		4. FEI Number 59-3484123	
26. USA		30. USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27. USA		31. USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28. USA		32. USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCQUAIG, DAVID H 5515-3 PHILIPS HIGHWAY JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		86. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P/V/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUAIG, DAVID H	1.2 NAME	FREEMAN, ROBERT D.
STREET ADDRESS	5515-3 PHILIPS HIGHWAY	1.3 STREET ADDRESS	69 PLAYERS CLUB VILLAS
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 *Robert D. Freeman* **ROBERT D. FREEMAN** 4-21-98 (001) 385-2225

CR2E034 (10/97)