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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90112 008 ***150.00

DOCUMENT # P97000107871

STAFF B	BENEFIT SYSTEMS, INC.							
Principal Place	e of Business	Mailing Address					IRIII IRBUI IE)
1855 BEAR CREEK COVE 1855 BEAR CREEK COVE LONGWOOD FL 32779 LONGWOOD FL 32779						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	0,,,,,,,	
						12/23/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 26						NOT APPLICABLE		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	Ө	City & State				6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Int		,
24	25		30			Personal Property Tax.	Yes	⊠ No
	9. Name and Address of Currer	nt Registered Agent		B1 Na	me	10. Name and Address of New Registered	Agent _	
sco.	VANNER, WESLEY D		[]	" "	me			
	BEAR CREEK COVE		1	82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)	,	
	GWOOD FL 32779		Į.	83				
Lon			[•3				
			1	84 Ci	y	FL	85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorities of the state of Florida.							changing	its registered
office or r	edictored agent or both in the State	- Clasida Cuah ahanan was or					ntmant as	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	uthonzed rida Statut	by the les.	corporation		Transfer as	registered
agent. I a	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE:	Registered A	ies.		when reinstating) DATE		
agent. I a SIGNATURE 12.	Im familiar with, and accept the obligation of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered A	les. gent sign			ID DIREC	TORS IN 12
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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 angual 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 of 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 attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

407 774 8933

Daytime Phone #

CK2E034 (11/9)