

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90024 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074394

1. Corporation Name

~~NATIONAL PENSION SPECIALISTS, INC.~~
 CORPORATE BENEFIT SERVICES, INC.



Principal Place of Business 4215 SOUTHPOINT BOULEVARD SUITE 220 JACKSONVILLE FL 32216	Mailing Address 4215 SOUTHPOINT BOULEVARD SUITE 220 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4190 Belfort Road Suite, Apt. #, etc. 22 Suite 400 City & State 23 Jacksonville, Florida Zip Country 24 32216 25 USA		2a. Mailing Address 26 4190 Belfort Road Suite, Apt. #, etc. 27 Suite 400 City & State 28 Jacksonville, Florida Zip Country 29 32216 30 USA		3. Date incorporated or Qualified 08/24/1998 4. FEI Number APPLIED FOR 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 type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

WATSON, TODD ESQ.
 7785 BAYMEADOWS WAY
 SUITE 107
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, TROY D	1.2 NAME	Tummond, Troy D.
STREET ADDRESS	4215 SOUTHPOINT BOULEVARD, SUITE 220	1.3 STREET ADDRESS	4190 Belfort Road, Suite 400
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Jacksonville, Florida 32216
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 904-281-2511
 Date Daytime Phone #

CR2E034 (11/98)