

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90023 011 ***150.00

DOCUMENT # P98000078037

1. Corporation Name
MIDAMERICA RETIREMENT INCENTIVE SERVICES, INC.



Principal Place of Business
5015 S. FLORIDA AVENUE
SUITE 310
LAKELAND FL 33813

Mailing Address
5015 S. FLORIDA AVENUE
SUITE 310
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1998

4. FEI Number

59-3541363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4935 Southfork DR

Suite, Apt. #, etc.

22 2nd floor

City & State

23 LAKE LAND, FLORIDA

Zip

24 33813

Country

25 USA

2a. Mailing Address

26 4935 Southfork DR

Suite, Apt. #, etc.

27 2nd floor

City & State

28 LAKE LAND, FLORIDA

Zip

29 33813

Country

30 USA

9. Name and Address of Current Registered Agent

MURPHY, RONALD T
5015 S. FLORIDA AVENUE
SUITE 310
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

Ronald T. Murphy

82 Street Address (P.O. Box Number is Not Acceptable)

4935 Southfork DR

83

2nd floor

84 City

LAKE LAND

FL

85 Zip Code

33813

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 ink if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEORGES, ROBERT J
5015 S. FLORIDA AVENUE, SUITE 310
LAKELAND FL 33813

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4935 Southfork DR, 2nd floor
LAKE LAND, FL 33813

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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

Date

Daytime Phone #

4-6-99

(941) 647-2500

CR2E034 (11/98)

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