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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$97671

(9)

ADVANCED BENEFIT SYSTEMS, INC.

Principal Place of	Business	Mailing Address				t samilikin ila saisi sama mitii saa	IMI 61MI AIMII RIMII	SHILL SINGLE	U1614 E1919 1949
1906 NANCY / OCOEE FL 34		P O BOX 68K ORLANDO FL	-						
US						3. Date Incorporated or Qualified 12/02/1991	3a. Date o 05	f Last Re /01/19:	
2. Principal Place	e of Business	2a. Mailing Addr	1058			4. FEI Number			ppled For
21		26				59-3097257			lot Applicable
Suite, Apt. #,	etc.	Suite, Apl. #	, etc.			5. Certificate of Status Desired		*	Additional tequired
City & State		City & State	<u></u>			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	n	Country		8. This corporation has liability for		under s	199.032,
24	25	29	[30]				s No	nant	
	9. Name and Address of Currer	nt Registered Agent	··································	81	Nome	10. Name and Address of New I	Registered A	gent	
A 1411 N.441	N MOUNT :			L.	Name				
	n, Brian L. NCY ann Terrace			82	Street Addr	ress (P.O. Box Number is Not Accepta	Die;		
	FL 34761			83					
				81	City		FL	85 Zip	Code
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowers d 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTUR

4-24-96

407-877-0074

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