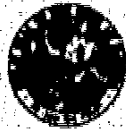


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V11021 (5)

1. Corporation Name
CHAMBER BENEFITS, INC.

Principal Place of Business Mailing Address
75 EAST IVANHOE BOULEVARD ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/03/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0422906** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**NASON, WALTER R.
75 EAST IVANHOE BOULEVARD
ORLANDO FL 32804**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELISCU, ANDREA
STREET ADDRESS	75 E. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	CD
NAME	CROSS, JAMES B
STREET ADDRESS	75 E. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	POPE, THEODORE C.
STREET ADDRESS	75 E. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BOGAN, VAN R
STREET ADDRESS	75 E IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	NASON, WALTER R
STREET ADDRESS	75 E IVANHOE BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M. Katie Porta
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert C. Haven
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wayne C. Wolfson
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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)(h), 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 807, Florida Statutes; and that my name appears in Block 12 or (Block 13, if changed), or on a written instrument with an address.

SIGNATURE: **(Walter R. Nason)** (407) 425-1234, X234
SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR