

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

FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthash Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V11021 (5)
 1. Corporation Name
CHAMBER BENEFITS, INC.



Principal Place of Business 75 EAST IVANHOE BOULEVARD ORLANDO FL 32804	Mailing Address 75 EAST IVANHOE BOULEVARD ORLANDO FL 32804
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3. Date Incorporated or Qualified 02/03/1992		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 75 South Ivanhoe Blvd		4. FEI Number 65-0422906	
22 Suite, Apt. #, etc.		Applied For Not Applicable	
23 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
26 Mailing Address 75 South Ivanhoe Blvd		27 Suite, Apt. #, etc.	
28 City & State		29 Zip	
30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NASON, WALTER R. 75 EAST IVANHOE BOULEVARD 75 South Ivanhoe Blvd. ORLANDO FL 32804				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PORTA, KATIE M	1.2 NAME	
STREET ADDRESS	75 E. IVANHOE BLVD.	1.3 STREET ADDRESS	75 South Ivanhoe Blvd
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, JAMES B	2.2 NAME	
STREET ADDRESS	75 E. IVANHOE BLVD.	2.3 STREET ADDRESS	75 South Ivanhoe Blvd
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEN, ROBERTC	3.2 NAME	
STREET ADDRESS	75 E. IVANHOE BLVD.	3.3 STREET ADDRESS	75 South Ivanhoe Blvd
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, WAYNE C	4.2 NAME	
STREET ADDRESS	75 E IVANHOE BLVD.	4.3 STREET ADDRESS	75 South Ivanhoe Blvd
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASON, WALTER R	5.2 NAME	
STREET ADDRESS	75 E IVANHOE BLVD	5.3 STREET ADDRESS	75 South Ivanhoe Blvd.
CITY-ST-ZIP	ORLANDO FL	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 do 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.

SIGNATURE _____ (SIGNATURE REQUIRED)

CR2E034 (9/96)