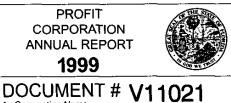
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-10-1999 90106 050 ***150.00



CHAMBER BENEFITS, INC.										
								(
				_						
Principal Place	e of Business	Mailing Address						188) IIBI 91911 B		
75 S IVANHOE BLVD 75 S IVANHOE BLVD										
ORLANDO FL 32804 ORLANDO FL 32804							DO NOT WE	ITE IN THIS	SDACE	
us , us							Date Incorporated or Qualifect		SFACE	
							02/03/1992	•		
2 Principal P	lace of Business	2a, Mailing Address				-	4. FEI Number		An	plied For
⊢ −, `	ace or business	26					59-3107004			t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							\$8.75	
22 27							5. Certifcate of Status Desired		Fee Re	quired
City & State City & State							6. Election Campaign Financing		\$5.00	May Be
23		28				_	Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the cu	rrent year Int	angible	
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent			Г 		10. Name and Address of New	Registered	Agent	
RECKER, ROBERT H.				81	Name					
75 S IVANHOE BLVD				82	Street	Addre	ss (P.O. Box Number is Not Accep	table)		
ORLANDO FL 32804										
UNICANDO FL 32004				83)					
				84	City			FL	85 Zip (Code
AA Duran	the previous of Costings 607.0	502 and 607 1508 Florida Statu	tos the a	hove	a-namer	Lcorpo	ration submits this statement for th	e numose of	changing its	registered
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.									gistered	
SIGNATURE		-						_		
- GIGHATORE	Signature, typed or printed name of registered a	<u> </u>		Agen	nt signature	required	when reinstating)	DATE	D DIDEOTO	
12.		AND DIRECTORS	13.			Т	ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	D DODTA KATIE M	☐ DELETE	1.1 TI						change	
NAME			1	1.2 NAME						1
STREET ADDRESS	75 S IVANHOE BLVD		1.3 STREET ADDRESS		1					
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE		 			Change	Addition
TITLE	<u>_</u>			2.2 NAME		1				
NAME	o research, vision are ex		. I			.				
STREET ADDRESS	Ani Abina di			2.3 STREET ADDRESS		<u>`</u>				
CITY-ST-ZIP			_	2.4 CITY-ST-ZIP 3.1 TITLE		-			Change	☐ Addition
ΠLE	/r		3.2 N/			1				_
NAME STREET ADDRESS					TADDRESS					
	ORLANDO FL		1							
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE		†	<u> </u>		☐ Change	☐ Addition
NAME			- 2	4. 2 NAME		1				ļ
STREET ADDRESS	75 S IVANHOE BLVD				T ADDRESS	:				
CITY-ST-ZIP	001 1100 F			T-Z∤P	1					
TITLE	V	☐ DELETE	5.1 TI			+			Change	☐ Addition
NAME	RECKER, ROBERT H.		5.2 N	AME		1				Í
STREET ADDRESS	75 S IVANHOE BLVD		5.3 ST	TREET	TADDRESS	s				(
CITY-ST-ZIP	ORLANDO FL 32804		5.4 C	TY-S	T-ZIP	1				
TITLE		☐ DELETÉ	6.1 TI	TLE					Change	Addition
NAME			6.2 N	AME		ĺ				1
STREET ADDRESS			6.3 S	TREET	TADDRESS	; [1

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 suppliemental 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 frustee 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 or an attachment with an address, with a other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CR2E034 (11/98)