


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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V42681** (9)
1. Corporation Name
CLANCH BENEFITS, INC.



Principal Place of Business 5001 TAYLOR ST HOLLYWOOD FL 33021	Mailing Address 5001 TAYLOR ST HOLLYWOOD FL 33021
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/10/1992	
4. FEI Number 65-0482998		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BIEGLER, WILLIAM L
5001 TAYLOR ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name CHRISTIE B. DALRYMPLE
82 Street Address (P.O. Box Number is Not Acceptable) 5001 TAYLOR ST.
83
84 City HOLLYWOOD
85 Zip Code FL 33021

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 *Christie B. Dalrymple* DATE **2/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME WATKINS, CLAIRE D		1.2 NAME	
STREET ADDRESS 328 LAKE MOORE DR		1.3 STREET ADDRESS 350 HIGH BROOK DRIVE	
CITY-ST-ZIP ATLANTA GA		1.4 CITY-ST-ZIP 30342	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME ABBOTT, MEGAN D		2.2 NAME	
STREET ADDRESS 14307 PARKSIDE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP LITTLE ROCK AR		2.4 CITY-ST-ZIP 72211	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DALRYMPLE, CHRISTOPHER K		3.2 NAME	
STREET ADDRESS 83 TOWN GREEN DR		3.3 STREET ADDRESS	
CITY-ST-ZIP ELMSFORD NY		3.4 CITY-ST-ZIP 10523	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Claire D. Watkins* DATE: **2/17/98** (404) 303-7249

CR2E034 (10/97)