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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N24359** (4)
1. Corporation Name
BROWARD SOUTH ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business Mailing Address

WENDY BARRACO
9050 PINES BLVD.
PEMBROKE PINES FL 33024

WENDY BARRACO
9050 PINES BLVD.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1988** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0049727** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

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 **c/o Maud Marie Santucci** 26 **c/o Maud Marie Santucci**

22 Suite, Apt. #, etc. **9241 S.W. 54 Place** 27 Suite, Apt. #, etc. **9241 S.W. 54 Place**

23 City & State **Cooper City, FL** 28 City & State **Cooper City, FL**

24 Zip **33328** 25 Country **USA** 29 Zip **33328** 30 Country **USA**

9. Name and Address of Current Registered Agent

DUNSFORD, CHARLES T
STATE FARM INSURANCE
7964 MIRAMAR PKWY.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name **Jo Lee Winterrowd**

82 Street Address (P.O. Box Number is Not Acceptable) **202 South 28 Avenue**

83

84 City **Hollywood** FL 85 Zip Code **33020**

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 *Jo Lee Winterrowd* **Jo Lee Winterrowd** 4/13/95
NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNSFORD, CHARLES T
STREET ADDRESS	7964 MIRAMAR PKWY.
CITY - ST - ZIP	MIRAMAR FL
TITLE	VD
NAME	WINTERROWD, JOLEE
STREET ADDRESS	202 S. 28 AVE.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	ST
NAME	ROSEN, SCOTT
STREET ADDRESS	1380 NE MIAMI GARDENS DR.
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	SCHWAB, DAVID
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE. 705-S
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D
NAME	BARRACO, WENDY
STREET ADDRESS	9050 PINES BLVD., #385-B
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	DUNSFORD, MARYLOU
STREET ADDRESS	7964 MIRAMAR PKWY.
CITY - ST - ZIP	MIRAMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jo Lee Winterrowd
13 STREET ADDRESS	202 South 28 Avenue
14 CITY - ST - ZIP	Hollywood, FL 33020
21 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	David Schwab
23 STREET ADDRESS	4000 Hollywood Blvd., #705-S
24 CITY - ST - ZIP	Hollywood, FL 33021
31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Jeffrey Solodkin
33 STREET ADDRESS	4000 Hollywood Blvd., Ste. 495
34 CITY - ST - ZIP	Hollywood, FL 33021
41 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Peter Barraco
43 STREET ADDRESS	3400 Lakeside Drive, Third Floor
44 CITY - ST - ZIP	Miramar, FL 33027
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Charles T. Dunsford
53 STREET ADDRESS	7964 Miramar Parkway
54 CITY - ST - ZIP	Miramar, FL 33023
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Wendy Barraco
63 STREET ADDRESS	9050 Pines Blvd., Ste. 385
64 CITY - ST - ZIP	Pembroke Pines, FL 33024

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 110.07(3)(b), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 attached, or on an attachment with an address.

SIGNATURE: *Jo Lee Winterrowd* 4/13/95 (305) 922-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

Jo Lee Winterrowd, President