

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

C/O MAUD MARIE SANTUCCI
9241 S.W. PLACE
COOPER CITY FL 33328
US

C/O MAUD MARIE SANTUCCI
9241 S.W. 54 PLACE
COOPER CITY FL 33328
US

3. Date Incorporated or Qualified **01/14/1988** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0049727		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINTERROWD, JO LEE
202 SOUTH 28 AVENUE
HOLLYWOOD FL 33020

81 Name	David A. Schwab
82 Street Address (P.O. Box Number is Not Acceptable)	Equitable Insurance
83	4000 Hollywood Blvd., #705-S
84 City	Hollywood
85 Zip Code	FL 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David A. Schwab* **David A. Schwab** 5/20/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERROWD, JO LEE		1.2 NAME	David A. Schwab	
STREET ADDRESS	202 SOUTH 28 AVENUE		1.3 STREET ADDRESS	4000 Hollywood Blvd., #705-S	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAB, DAVID		2.2 NAME	Gary Hochberg	
STREET ADDRESS	4000 HOLLYWOOD BLVD., #705-S		2.3 STREET ADDRESS	5799 Orange Drive	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33314	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLODKIN, JEFFREY		3.2 NAME		
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 495		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRACO, PETER		4.2 NAME		
STREET ADDRESS	3400 LAKESIDE DRIVE, THIRD FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSFORD, CHARLES T.		5.2 NAME		
STREET ADDRESS	7894 MIRAMAR PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRACO, WENDY		6.2 NAME		
STREET ADDRESS	9050 PINES BLVD., SATE 385		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David A. Schwab* 5/20/96 954-967-6914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
David A. Schwab, President

CR2E037 (12/95)