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03-04-1999 90134 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24359

1. Corporation Name

BROWARD SOUTH ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

3. Date Incorporated or Qualified

01/14/1988

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

9. Name and Address of Current Registered Agent

SCHWAB, DAVID A
EQUITABLE INSURANCE
100 S.E. 3RD AVE., STE. 1200
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD NAME SCHWAB, DAVID A STREET ADDRESS 100 S.E. 3 AVE., STE. 1200 CITY-ST-ZIP FT. LAUDERDALE FL 33394 DELETE

TITLE VD NAME STENGEL, JOHN STREET ADDRESS P.O. BOX 46 N/A CITY-ST-ZIP HOLLYWOOD FL 33022 DELETE

TITLE D NAME BARRACO, PETER I STREET ADDRESS 3400 LAKESIDE DR CITY-ST-ZIP MIRAMAR FL DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V/D Change Addition
4.2 NAME Sherman Canter
4.3 STREET ADDRESS 925 Old Federal Hwy.
4.4 CITY-ST-ZIP Hallandale, FL 33009

5.1 TITLE S/T Change Addition
5.2 NAME H. Dan Revis
5.3 STREET ADDRESS 12011 N.W. 22 Street
5.4 CITY-ST-ZIP Pembroke Pines, FL 33026

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

John H. Stengel, Pres. 954-923-2474

Date 2/4/99

Daytime Phone #

CR2E037 (1/98)