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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 2:17

DOCUMENT # **P10626** **(0)**

1. Corporation Name

PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.

Principal Place of Business	Mailing Address
3001 W. BIG BEAVER #100 TROY MI 48084-0197	3001 W. BIG BEAVER #100 TROY MI 48084-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1986
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 38-2317570 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPITZER, JAN H.
8525 NORTHWEST 53RD TERRACE
#115
MIAMI FL 33166

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, EUGENE R.	12 NAME	
STREET ADDRESS	3001 W. BIG BEAVER	13 STREET ADDRESS	
CITY ST ZIP	TROY MI	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GELTNER, GERSON A.	22 NAME	
STREET ADDRESS	3001 W. BIG BEAVER	23 STREET ADDRESS	
CITY ST ZIP	TROY MI	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ELIZABETH A.	32 NAME	
STREET ADDRESS	6835 CEDARBROOK	33 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM MI	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	SHANNON, ARTHUR W.	42 NAME	S/D
STREET ADDRESS	525 N. WOODWARD #1300	43 STREET ADDRESS	Larry J. Ferguson
CITY ST ZIP	BLOOMFIELD HILLS MI	44 CITY ST ZIP	505 E. Huron St. #202
TITLE	DV	51 TITLE	Ann Arbor MI 48104
NAME	MITCHELL, SUSAN C.	52 NAME	☐ Change ☐ Addition
STREET ADDRESS	115 LINDA KNOLL	53 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS MI	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	WEST, LLOYD A.	62 NAME	
STREET ADDRESS	3001 W BIG BEAVER #100	63 STREET ADDRESS	
CITY ST ZIP	TROY MI	64 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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: Gerson Geltner Pres. 5/22/95 810-649-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486883 FP