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PROFIT CORPORATION ANNUAL REPORT
1997

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

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 48084-3197

3. Date Incorporated or Qualified: 07/02/1986
3a. Date of Last Report: 02/12/1996

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

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 _____ DATE
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	CD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, EUGENE R.		1.2 NAME		
STREET ADDRESS	3001 W. BIG BEAVER		1.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GELTNER, GERSON A.		2.2 NAME		
STREET ADDRESS	3001 W. BIG BEAVER		2.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, ANDREA D		3.2 NAME		
STREET ADDRESS	6966 HOLIDAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI		3.4 CITY-ST-ZIP		
TITLE	SC	☐ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	YONKMAN, MARK W		4.2 NAME		
STREET ADDRESS	1356 BUCKINGHAM		4.3 STREET ADDRESS		
CITY-ST-ZIP	GROSSE POINTE PARK MI		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VALENTI, NICK J		5.2 NAME		
STREET ADDRESS	46464 GREENRIDGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHVILLE MI		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEST, LLOYD A.		6.2 NAME		
STREET ADDRESS	3001 W BIG BEAVER #100		6.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ Lloyd A. West, SR. V.P. 1-29-97 810 649-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479924