

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10626 (0)
 1. Corporation Name
PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.



Principal Place of Business	Mailing Address
3001 W. BIG BEAVER #100 TROY MI 48064-0197	3001 W. BIG BEAVER #100 TROY MI 48064-3197

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

2. Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

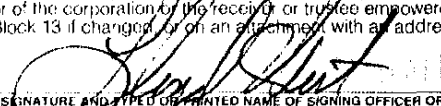
9. Name and Address of Current Registered Agent SPITZER, JAN H. 8525 NORTHWEST 53RD TERRACE #115 MIAMI FL 33166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant 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 reinstating) DATE _____

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	6988 HOLIDAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	
TITLE	SC ☐ DELETE	4.1 TITLE	☒ 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	48484 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	

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**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SR. V.P.** Date **1-29-97** Daytime Phone # **810 649-0006**

CR2E034 (9/96)