

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030530 (4)
 1. Corporation Name
LIFE BROKERAGE CORP.



Principal Place of Business CORNERSTONE ONE, SUITE 140 1200 S PINE ISLAND RD PLANTATION FL 33324-4459	Mailing Address CORNERSTONE ONE, SUITE 140 1200 S PINE ISLAND RD PLANTATION FL 33324-4459
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1700 University Dr. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Coral Springs, FL Zip 24 33071	2a. Mailing Address 26 1700 University Drive Suite, Apt. #, etc. 27 Suite 101 City & State 28 Coral Springs, FL Zip 29 33071	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 04/03/1997	4. FEI Number 65-0743696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**BLODIG, GREGORY J
 100 W CYPRESS CREEK ROAD
 SUITE 700
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASAREK, MICHAEL G	1.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD STE 140	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, ROBERT	2.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD STE 140	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324-4459	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKEMORE, EDWIN	3.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD STE 140	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324-4459	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rand M. Grant* 1-19-98

CR2E034 (10/97)