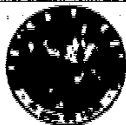


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N43893 (9)

1. Corporation Name

**THE SAWGRASS ASSOCIATION OF LIFE UNDERWRITERS, I
NC.**

Principal Place of Business

Mailing Address

**300 S. PINE ISLAND RD.
STE 250
PLANTATION FL 33324
US**

**300 S. PINE ISLAND RD.
STE 250
PLANTATION FL 33324
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 04/18/1994
4. FBI Number 65-0192502	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, MYRNA
300 S. PINE ISL RD
STE 250
PALNTATION FL 33324**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	MONTEFEL, MARTIN	1.2 NAME	WILLIAM G. SIEGEL
STREET ADDRESS	1304 SW 160TH AVE, #2170	1.3 STREET ADDRESS	4440 N. UNIVERSITY DR.
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	LAUDERHILL FL 33351
TITLE	P	2.1 TITLE	V
NAME	PETRAGLIA, FRANK J.	2.2 NAME	JAY J. GELFENBAUM
STREET ADDRESS	1401 UNIVERSITY DR, #607	2.3 STREET ADDRESS	3230 W. COMMERCIAL BLVD #100
CITY - ST - ZIP	CORAL SPGS FL	2.4 CITY - ST - ZIP	FORT LAUDERDALE FL 33309
TITLE	V	3.1 TITLE	V
NAME	KOCHER, KAREN M.	3.2 NAME	JANE FREILICH
STREET ADDRESS	4400 INVERRARY BLVD, #200	3.3 STREET ADDRESS	10061 CLEARY BLVD.
CITY - ST - ZIP	LAUDERHILL FL	3.4 CITY - ST - ZIP	PLANTATION FL 33324
TITLE	ST	4.1 TITLE	F
NAME	HAFT, GARY	4.2 NAME	GARY HAFT
STREET ADDRESS	9900 W SAMPLE RD, STE 313	4.3 STREET ADDRESS	5315 NW 10B WAY
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	CORAL SPRINGS FL 33076
TITLE	D	5.1 TITLE	D
NAME	LESTER, KALMAN H.	5.2 NAME	MARTIN MONTEFEL
STREET ADDRESS	47 CANTERBURY LN	5.3 STREET ADDRESS	1304 SW 160 AVE #2170
CITY - ST - ZIP	TAMARAC FL	5.4 CITY - ST - ZIP	FORT LAUDERDALE FL 33326
TITLE	V	6.1 TITLE	D
NAME	SIEGEL, WILLIAM G	6.2 NAME	FRANK J. PETRAGLIA
STREET ADDRESS	4440 N. UNIV DR.	6.3 STREET ADDRESS	1401 N. UNIVERSITY DR. #607
CITY - ST - ZIP	LAUDERHILL FL	6.4 CITY - ST - ZIP	CORAL SPRINGS FL 33071

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 110.07(3)(4), 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.

SIGNATURE:

Gary Haft SECRETARY/TREASURER

4/18/95 (305) 345-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number