


FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>N43893</i> 1. Corporation Name <b>THE SAWGRASS ASSOCIATION OF LIFE UNDERWRITERS, INC.</b>			
Principal Place of Business <b>9715 W. BROWARD BLVD SUITE 126</b> <b>PLANTATION, FL 33324</b>		Mailing Address <b>9715 W. BROWARD BLVD SUITE 126</b> <b>PLANTATION, FL 33324</b>	
2. Principal Place of Business 21 <b>9715 W. BROWARD BLVD</b> Suite, Apt. #, etc. 22 <b>126</b> City & State 23 <b>PLANTATION FL</b> Zip 24 <b>33324</b>		2a. Mailing Address 27 <b>9715 W. BROWARD BLVD</b> Suite, Apt. #, etc. 27 <b>126</b> City & State 28 <b>PLANTATION FL</b> Zip 29 <b>33324</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>MURNA THOMAS</b> <b>SAWGRASS ASSN. OF LIFE UNDERWRITERS</b> <b>9715 W. BROWARD BLVD #126</b> <b>PLANTATION FL 33324</b>		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	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.2 NAME STREET ADDRESS CITY - ST - ZIP 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		700002182917 -05/19/97--01060--018 ***61.25	
SIGNATURE: <i>Jane B. Hodess</i> <b>JANE B. HODES</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/97 954-755-9252 Date Daytime Phone #	

CR2E037 (9/96)