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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME STREET ADDRESS

TITLE

TITLE NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # 018256

**CONGER LIFE INSURANCE COMPANY** 



ELORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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## FILED Apr 29 1997 8:00am Secretary of State

Change

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Addition

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Principal Place of Business Mailing Address						
ONE OAKWOOD BLVD. SUITE 250 HOLLYWOOD FL 33020 US		ONE OAKWOOD BLVD. SUITE 250 HOLLYWOOD FL 33020-1954 US				
				3. Date Incorporated or Qualified 08/25/1944	<b>3a.</b> Date of Last Report <b>06/07/1996</b>	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-0533062	Applied For Not Applicabl
Suite, Apt. #, etc.		Suite, Apt. #, etc 27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State 28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30	untry	8. This corporation has liability for i	intangible tax undor s. 199.032, Yes \[ \] No
TALL	egistered agent, or both, in the Stat	c of Florida. Such change w	ras authorize	84 City	dress (P.O. Box Number is Not Acceptable or portion submits this statement for the pration's board of directors. I hereby acceptable or provided in the process of the proc	FL 85 Zip Code
SIGNATURE	n familiar with, and accept the oblig Signature typed or prince have of repatered as	gent and title it applicable	(NOTE Begister	ed Agent signature fo	quired when teinstaing)	DATE
12.	PCD OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	and the second of the second o
NAME STREET ADDRESS CITY-ST-ZIP	CONGER, THOMAS A. 1885 NE 214TH TERRACE MIAMI FL	ריז טנננונ	1,3 5	ITLE SAME STREET ADORESS DITY - ST - ZIP		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS	ST KELLEY, KAREN 18820 N.W. 11TH STREET DEMRIDOKE DINES EI	DELETE	211	πι€		Change Additio
	PERCHURP PINES EI					

3.1 TILLE

4.1 TITLE 4. 2 NAME

5.1 TILLE

5.2 NAMS

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City - St - ZiP

5.3 STREET ADDRESS 5.4 CHY+ST+ZIP

6.3 STREET ADDRESS

3 4. CITY - S1 - ZIP

64 City-St-ZiP

14. I do hereby certify that the information supplied with this filing goes 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

MONATURE V. Man Secret Took on H-H-97 954-920-0090