


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

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 227047 (8)**

1. Corporation Name  
**CERTIFIED LIFE INSURORS OF AMERICA INC**



Principal Place of Business <b>8966 SW 87TH CT - STE 23 MIAMI FL 33176-2220 US</b>	Mailing Address <b>8966 SW 87TH CT - STE 23 MIAMI FL 33176-2220 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>4232 NW 6 ST</b>	26 <b>SAME</b>
22 <b>Bldg 2</b>	27
23 <b>Gainesville FL</b>	28
24 <b>32609</b>	29 <b>ALABAMA</b>

3. Date Incorporated or Qualified <b>08/17/1959</b>	
4. FEI Number <b>59-6059109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**RICE, STEPHEN  
STE. 325  
255 ALHAMBRA  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4232 NW 6 ST - Bldg 2**

83

84 City **Gainesville** FL 85 Zip Code **32609**

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	<b>TS</b>	1.1 TITLE	<b>TS</b>
NAME	<b>RICE, KAROLINE</b>	1.2 NAME	<b>RICE, KAROLINE</b>
STREET ADDRESS	<b>8966 SW 87TH CT - STE 23</b>	1.3 STREET ADDRESS	<b>4232 NW 6 ST - Bldg 2</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32609</b>
TITLE	<b>P</b>	2.1 TITLE	<b>P</b>
NAME	<b>RICE, STEPHEN T.</b>	2.2 NAME	<b>STEPHEN T. RICE</b>
STREET ADDRESS	<b>8966 SW 87TH CT - STE 23</b>	2.3 STREET ADDRESS	<b>4232 NW 6 ST - Bldg 2</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32609</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 \_\_\_\_\_

CR2E034 (10/97)