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FILED  
Feb 09 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 # 227047 (8)

1. Corporation Name

CERTIFIED LIFE INSURORS OF AMERICA INC

Principal Place of Business

8966 SW 87TH CT - STE 23  
MIAMI FL 33176-2220  
US

Mailing Address

8966 SW 87TH CT - STE 23  
MIAMI FL 33176-2220  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1959

4. FEI Number

59-6059109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4232 NW 6 ST

Suite, Apt. #, etc.

22 Bldg 2

City & State

23 Gainesville FL

Zip

24 32609

Country

25 ALABAMA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RICE, STEPHEN  
STE. 325  
255 ALAMBRA  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4232 NW 6 ST - Bldg 2

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TS ☒ DELETE

NAME RICE, KAROLINE  
STREET ADDRESS 8966 SW 87TH CT - STE 23  
CITY-ST-ZIP MIAMI FL

TITLE P ☒ DELETE

NAME RICE, STEPHEN T.  
STREET ADDRESS 8966 SW 87TH CT - STE 23  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TS RICE, KAROLINE ☒ Change ☐ Addition

1.2 NAME 4232 NW 6 ST - Bldg 2

1.3 STREET ADDRESS GAINESVILLE FL

1.4 CITY-ST-ZIP 32609 ☒ Change ☐ Addition

2.1 TITLE P

2.2 NAME STEPHEN T. RICE

2.3 STREET ADDRESS 4232 NW 6 ST - Bldg 2

2.4 CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

CR2E034 (10/97)