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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713308** (5)

1. Corporation Name

**THE MIAMI CHAPTER OF THE AMERICAN SOCIETY OF CLU
AND CHFC, INC.**



Principal Place of Business 9715 W. BROWARD BLVD. #126 PLANTATION FL 33324	Mailing Address 9715 W. BROWARD BLVD. #126 PLANTATION FL 33324-2351
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3. Date Incorporated or Qualified 09/07/1967	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 23-7227037	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOUSERSE, JAMES A
1506 NE 182 ST
N MIAMI BCH FL 33162**

10. Name and Address of New Registered Agent

81 Name Eugene Rice	82 Street Address (P.O. Box Number is Not Acceptable) 4700 N. State Rd. 7
83 City Fort Lauderdale	84 State FL
85 Zip Code 33319	

11. Pursuant to the provisions of Sections 617.0503 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: *[Signature]*
Signature of the registered agent and print name if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-97
DATE

12. OFFICERS AND DIRECTORS		
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, MARC	
STREET ADDRESS	9100 S. DADELAND BLVD., STE 1603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	1VPD	<input type="checkbox"/> DELETE
NAME	COLLINS, LARRY	
STREET ADDRESS	7600 W. 20TH AVE., STE 109	
CITY-ST-ZIP	MIAMI FL 33016-5513	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	RICE, GENE	
STREET ADDRESS	4700 N. STATE RD. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGES, TANYA	
STREET ADDRESS	12515 SW 88TH ST., STE 416	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARLEY, DAVID A.	
STREET ADDRESS	6161 BLUE LAGOON DR., #300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOULE, PAUL	
STREET ADDRESS	6161 BLUE LAGOON DR., #300	
CITY-ST-ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97
Date

Daytime Phone # 0037219

CR2E037 (9/96)