

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730930** (5)  
1. Corporation Name  
**CLEARWATER ASSOCIATION OF LIFE UNDERWRITERS, INC**



Principal Place of Business <b>405 S DUNGAN AVE CLEARWATER FL 34617</b>	Mailing Address <b>P.O. BOX 62 CLEARWATER FL 34617</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 615 S. MISSOURI AVE.</b> Suite, Apt. #, etc. <b>22 SUITE F</b> City & State <b>23 CLEARWATER, FL</b> Zip <b>24 33756</b>		2a. Mailing Address <b>26 615 S. MISSOURI AVE.</b> Suite, Apt. #, etc. <b>27 SUITE F</b> City & State <b>28 CLEARWATER, FL</b> Zip <b>29 PINELLAS</b>		3. Date Incorporated or Qualified <b>10/16/1974</b>		3a. Date of Last Report <b>10/14/1996</b>	
				4. FEI Number <b>59-2453015</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SHEPARD, GARY C. 405 S. DUNGAN AVENUE CLEARWATER FL 34615</b>				10. Name and Address of New Registered Agent <b>81 Name GARY C. SHEPARD</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 615 S. MISSOURI AVE.</b> <b>83 SUITE F</b> <b>84 City CLEARWATER FL 85 Zip Code 33756</b>			
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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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	<b>BARTKUS, CHRISTOPHER R</b>		1.2 NAME								
STREET ADDRESS	<b>615 S MISSOURI AVE #F</b>		1.3 STREET ADDRESS								
CITY-ST-ZIP	<b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP								
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	<b>SCHARBER, COLLEEN</b>		2.2 NAME								
STREET ADDRESS	<b>13589 66TH ST N</b>		2.3 STREET ADDRESS								
CITY-ST-ZIP	<b>LARGO FL</b>		2.4 CITY-ST-ZIP								
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	<b>SHEPARD, GARY</b>		3.2 NAME								
STREET ADDRESS	<b>405 S DUNGAN AVE</b>		3.3 STREET ADDRESS	<b>615 S. MISSOURI AVE. SUITE F</b>							
CITY-ST-ZIP	<b>CLEARWATER FL</b>		3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33756</b>							
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	<b>WALTON, JAY</b>		4.2 NAME								
STREET ADDRESS	<b>2032 PRINCETON AVE</b>		4.3 STREET ADDRESS								
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		4.4 CITY-ST-ZIP								
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	<b>SERRA, MARK C</b>		5.2 NAME								
STREET ADDRESS	<b>800 BYPASS DR #109</b>		5.3 STREET ADDRESS								
CITY-ST-ZIP	<b>CLEARWATER FL</b>		5.4 CITY-ST-ZIP								
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	<b>NETTNIN, DALE</b>		6.2 NAME								
STREET ADDRESS	<b>615 S MISSOURI AVE</b>		6.3 STREET ADDRESS								
CITY-ST-ZIP	<b>CLEARWATER FL</b>		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 on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 8-18-97 (P.12) 461-1758

CP2E037 (4/97)