


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 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 # **733054** (1)
1. Corporation Name
ST. PETERSBURG ASSOCIATION OF LIFE UNDERWRITERS



Principal Place of Business 13535 FEATHER SOUND DRIVE SUITE 600 CLEARWATER FL 34622	Mailing Address P.O. BOX 11851 ST. PETERSBURG FL 33733-1851
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2. Principal Place of Business 21 7650 W. Courtney Campbell Causeway Suite 1000 Tampa, Florida		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country 33607 USA		3. Date Incorporated or Qualified 06/13/1975	3a. Date of Last Report 06/10/1996
22		27		4. FEI Number 59-1420089	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		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 FISCHER, JACQUELYN A. 13535 FEATHER SOUND DRIVE SUITE 600 CLEARWATER FL 34622				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 1000 84 City Tampa FL 85 Zip Code 33607	
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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: *Jacquelyn A. Fischer* **Jacquelyn A. Fischer, Ex Sec** **03/19/97**
(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	V	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTFOOT, PAUL		1.2 NAME				
STREET ADDRESS	877 EXECUTIVE CTR. DR. STE 111		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33702		1.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNINGS, ROBERT L		2.2 NAME	Patrick Montlary			
STREET ADDRESS	200 MIRAMAR BOULEVARD, N.E.		2.3 STREET ADDRESS	777 Executive Center Dr. W. - 111			
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2.4 CITY-ST-ZIP	St. Petersburg, FL 33702			
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	President Elect			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, DOUGLAS E		3.2 NAME				
STREET ADDRESS	2647 ULMERTON ROAD, #12		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, DIANA S		4.2 NAME				
STREET ADDRESS	3015 46TH AVENUE NORTH		4.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33714		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLASSEN, LILLIAN		5.2 NAME				
STREET ADDRESS	6798 CROSSWINDS DR. #C201		5.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GEORGE W.		6.2 NAME				
STREET ADDRESS	1135 PASADENA AVE. SO.		6.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		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]* **3/20/97** **813/572-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051328

CR2E037 (9/96)