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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755066** (8)

1. Corporation Name  
**THE SOUTHWEST FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.**

Principal Place of Business <b>500 5TH AVENUE SOUTH #511 NAPLES FL 33940-6614 US</b>	Mailing Address <b>P.O. BOX 518 NAPLES FL 34106-0518 US</b>
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3. Date Incorporated or Qualified <b>11/10/1980</b>	4. FEI Number <b>59-2142316</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>4760 4500 EXECUTIVE DR Suite, Apt. #, etc. <b>STE. 216</b></b>	2a. Mailing Address <b>PO Box 61560</b>
22. <b>Suite 240</b>	27. <b>Suite 214</b>
23. City & State <b>NAPLES Ft. Myers, FL</b>	28. City & State <b>FT MYERS</b>
24. Zip <b>33907</b>	29. Zip <b>33907</b>
25. Country <b>LEE</b>	30. Country <b>LEE</b>

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>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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>MICHAEL J. SINCLAIR 870 BALD EAGLE DRIVE MARCO ISLAND FL 33937</b>	10. Name and Address of New Registered Agent 81 Name <b>PAUL A. HARRIS, CLU</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1500 Colonial Blvd., Suite 216</b> 83 84 City <b>Ft. Myers</b> FL 85 Zip Code <b>33907</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 *Paul A. Harris* **PAUL A. HARRIS** DATE **2/20/98**

Signature of agent or printer name of registered agent is required if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	WHITE, SCOTT A	1.2 NAME	WHITE, A SCOTT
STREET ADDRESS	13250 UNIVERSITY BLVD.	1.3 STREET ADDRESS	13051 University Drive
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT MYERS, FL
TITLE	PD	2.1 TITLE	VPD
NAME	TAYLOR, JOSEPH W.	2.2 NAME	SCHENA, KENNETH
STREET ADDRESS	P.O. BOX 518 NA	2.3 STREET ADDRESS	4760 4500 EXECUTIVE DR, STE 240
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL
TITLE	TD	3.1 TITLE	TD
NAME	WELTON, ROGER	3.2 NAME	HARRIS, PAUL
STREET ADDRESS	4283 BAY BEACH LANE, APT. #114	3.3 STREET ADDRESS	1500 COLONIAL BLVD STE 216
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FT MYERS, FL
TITLE	D	4.1 TITLE	D
NAME	BOSTIC, BRENDA U.	4.2 NAME	TAYLOR, JOSEPH W.
STREET ADDRESS	853 VANDERBILT BCH RD., #255	4.3 STREET ADDRESS	PO Box 518 NA
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL
TITLE	SD	5.1 TITLE	SD
NAME	SCHENA, KENNETH	5.2 NAME	HORN, MICHAEL
STREET ADDRESS	4760 4500 EXECUTIVE DR., STE. 240	5.3 STREET ADDRESS	6100 N. TAMiami TRAIL #3
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott A. White* **A. SCOTT WHITE** DATE **1/26/98** (941) 432-5301

CR2E037 (10/97)