## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809325

(4)

ALL AMERICAN LIFE INSURANCE COMPANY

D. C. L. L. D.		<b>N4</b> - 11	- Address						! BAND /B/A	1714 III II 141			FF BADIA SABI
8501 WEST HA	ce of Business ;		Mailing Address 3800 ROUTE 66						:				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CHICAGO IL 6			JUMPING BROOK CORPORATE PARK NEPTUNE NJ 07753-2805 US										
								. Date Inco		Qualified		Date of Last	
								05/04/19			04	/29/1996	
	Place of Business	ı	Jailing Address				4.	I. FEI Numb	-				Applied For
21	de man	26						36-214	8/02				Not Applicable
Suite, Apt	#, etc	27	Suite, Apt. #, etc.				5.	. Certificate	of Status (	Desired		7	Additional Required
City & Sta	le		City & State				-	. Election C	ampaion F	inancino		· · · · · · · · · · · · · · · · · · ·	May Be
23		28	,				"		d Contribut	-			d to Fees
Zip	Country		?ip		Country		8.	. This corpo	oration has	hability for	r intangib	le tax under	s. 199.032,
24	25	29		30				Florida St			Yes		
	9. Name and Address of C	urrent Register	red Agent					), Name an	d Address	of New R	tegistere	d Agent	
	CORPORATION				81	Name	Name						
	1 WEST BROWARD BLVD.				82	Street	Address (f	dress (P.O. Box Number is Not Acceptable)					
PLA	NTATION FL 33324				83				<del></del>				
					84	City					F	85 Zi	p Code
11 Purement	t to the provisions of Sections 60	7 0502 and 607	/ 1508 Florida Sta	atutes th	he above	-named	1 corporation	ion submits t	this stateme	ent for the			its registered
office or	registered agent, or both, in the am familiar with, and accept the	State of Florida	Such change wa	as autho	orized by	the cor	poration's	board of di	rectors. I he	ereby acce	ept the ar	pointment	as registered
د ا د سد د د		onligations of a	500000 007.0505,	, monda	i Statutes	·.							
•	The second of the second of the												
agent La SIGNATURE	Stgrature, typed or profice transic of registe	red agent and title. Le		NOTE: Reg	pistered Age		e required whe	en re-instating)			DATE		
•	Stgrator, typed or protectrans of registe	red agent and title. La	apρicablo (I		pistered Age		• • • • • • •		S/CHANGE	S TO OFF		ND DIRECTO	ORS IN 12
SIGNATURE	Stg. atus. Typed or professional of register OFF ICE R		apρicablo (I				• • • • • • •		S/CHANGE	S TO OFF		ND DIRECTO	
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SIGNATURE  12. THUE NAME STREET ADDRESS CHY-SI-7-P	Stgrature, typed or protect name of register OFFICER  VD  LOCKE, JOSEPH  8501 W. HIGGINS ROAD  CHICAGO IL 60631		eppicable (f ORS DELETE		13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	nt signatur	• • • • • • •		S/CHANGE	S TO OFF		☐ Chang	Addition
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**SIGNATURE** 

UNITED NAME OF SIGNING OFFICER OR DR

THE COURT Demes Suleski

4/21/97

**FILED** 

May 01 1997 8:00am

Secretary of State

(908) 922-7475

ne more e