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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

830014

(7)

FORTUNE LIFE INSURANCE COMPANY

						MINI AINIA NIMI AINI AINIS MINI AINI AINI BIRIF INA
Principal Place (of Business	Mailing Address				
P O BOX 10 JACKSONVIL	151 LE FL 32247-7151	P O BOX 10151 JACKSONVILLE FL	32247-7151			
					3. Date Incorporated or Qualified 03/30/1973	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-1388340	Applied For
1]		26			39-1300340	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	5.00 May Be
3		28			Trust Fund Contribution	Added to Fees
Ζιp	Country	Zip	Coun	ry	8. This corporation has liability for in	
4	25	[29]	30		Florida Statutes Yes 10. Name and Address of New Re	
	g. Name and Address of Current	Hegistereo Agent		11 Name	10, Name and Address of New Ne	igistered Agent
140000	WE ALLAND		Ľ			
MCCORKLE, ALLAN J. 10475-110 FORTUNE PKWY			8	Street A	Address (P.O. Box Number is Not Acceptable	9)
	ONVILLE FL 32256		E	13		
			1	14 City		F1 85 Zip Code
11 Dure part to	the provisions of Sections 607 0502	and 607 1508. Florida Stat	tutes, the above	-named co	rporation submits this statement for the purp	oose of changing its registered offi
or registers	ad agent, or both, in the State of Florid	la. Such change was autho	rized by the co	rporation's	board of directors. I hereby accept the appo	intment as registered agent. I am
familiar witi	h, and accept the obligations of Section	on 607.0505, Florida Statut	tes.			
SIGNATURE _	Shorat in those or or ed name of registered agent a	and title if applicable.	(NOTE Registered A	gent signature re	equired when reinstating)	DATE
	Signature typed or prinied name of registered agent of OFFICERS AND		(NOTE Registered A	gent signature re	equired when reinstaling) ADDITIONS/CHANGES TO OFFICE	
12.						
12. TITLE	OFFICERS AND	DIRECTORS	13.	.F	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change
12. TITLE NAME	OFFICERS AND	DIRECTORS	13. 1.17II 1.2 NAM	.F	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change
12. TITLE NAME STREET ADDRESS	OFFICERS AND PD SMITH, ROBERT L.	DIRECTORS	13. 1. 1 TIT 1.2 NAM 1.3 STR	E EET ADORESS	ADDITIONS/CHANGES TO OFFICE Purcell, Carlena E 10475-110 Fortune	CERS AND DIREC ORS IN 12 【Change 日 Addition はんいみり
12. TITLE NAME STREET AJORESS CHY-ST-ZIP	OFFICERS AND PD SMITH, ROBERT L. 10450 SAN JOSE BLVD. 3	DIRECTORS	13. 1.1 TH 1.2 NAN 1.3 STR 1.4 CH	LE DE EET ADORESS '-ST-ZIP	ADDITIONS/CHANGES TO OFFICE Purcell, Carlena E 10475-110 Forfune A Jacksonville, FL 36	CERS AND DIREC ORS IN 12 【Change
112. THE NAME STREET ANDRESS GIV-ST-ZIP	OFFICERS AND PD SMITH, ROBERT L. 10450 SAN JOSE BLVD. 3 JACKSONVILLE FL	D DIRECTORS	13. 1.1 TH 1.2 NAN 1.3 STR 1.4 CH	LE DE EET ADORESS '-ST-ZIP	ADDITIONS/CHANGES TO OFFICE Purcell, Carlena E 10475-110 Forfune A Jacksonville, FL 36	CERS AND DIREC ORS IN 12 【Change
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Color E. Parell 4/su/54 904)363-6339 SIGNATURE:

. D KANDON KANDO TIKKIK ODIKI ADADA KARIL DIDI DIDKI DIBKI DEBAK DEBIK DEBIK DEBIK DEBIK DEBIK DEBIK KADA