SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # **F92000000311 (2)**

1. Corporation Name
AMERICAN LIFE UNDERWRITERS, INC.

Principal Place of Business
1200 NORTH FEDERAL HIGHWAY. SUITE 200
BOCA RATON FL 33432

Mailing Address
1200 NORTH FEDERAL HIGHWAY. SUITE 200
BOCA RATON FL 33432

3. Date Incorporated or Qualified: **11/18/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **73-1094678** — Applied For / Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WENDEL, RONALD G ESQ.
1200 NORTH FEDERAL HIGHWAY, SOUTE 200
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C [ ] DELETE	1.1 TITLE	P & CEO [ ] Change [XX] Addition
NAME	CREASY, WAYNE	1.2 NAME	ALLEN, EDDIE
STREET ADDRESS	4600 CAMPUS DRIVE, SUITE 200	1.3 STREET ADDRESS	4600 CAMPUS DRIVE, SUITE 200
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	KELLY, JAMES	2.2 NAME	
STREET ADDRESS	4600 CAMPUS DRIVE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	
TITLE	V [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	FARIAS, CAROL	3.2 NAME	
STREET ADDRESS	4600 CAMPUS DRIVE, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP	
TITLE	V [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	HERDMAN, LUCINDA	4.2 NAME	
STREET ADDRESS	1200 NORTH FEDERAL HWY, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	V [X] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	AHN, NOLAN	5.2 NAME	
STREET ADDRESS	4600 CAMPUS DRIVE, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	5.4 CITY-ST-ZIP	
TITLE	V [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	THEOBALD, DALE	6.2 NAME	
STREET ADDRESS	4600 CAMPUS DRIVE, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eddie Allen, Pres & CEO — 30 July 96 — (714) 474-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #