

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

Mailing Address

1200 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432

1200 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WENDEL, RONALD G ESO.
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

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

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 not at print)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	CREASY, WAYNE	4600 CAMPUS DRIVE, SUITE 200	NEWPORT BEACH CA	☐
VD	KELLY, JAMES	4600 CAMPUS DRIVE, SUITE 200	NEWPORT BEACH CA	☐
V	FARIAS, CAROL	4600 CAMPUS DRIVE, SUITE 200	NEWPORT BEACH CA	☐
V	HERDMAN, LUCINDA	1200 NORTH FEDERAL HWY, SUITE 200	BOCA RATON FL	☐
V	AHN, NOLAN	4600 CAMPUS DRIVE, SUITE 200	NEWPORT BEACH CA	☒
V	THEOBALD, DALE	4600 CAMPUS DRIVE, SUITE 200	NEWPORT BEACH CA	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
P & CEO	ALLEN, EDDIE	4600 CAMPUS DRIVE, SUITE 200	NEWPORT BEACH, CA 92660	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐	☐

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddie Allen, Pres & CEO

30 July 96

(714) 474-7711

CR2E034 (3/96)