FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G53281** **(3)**

1. Corporation Name

LIFE INSURANCE SCHOOL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4044 NEWPORT DRIVE 211 NEW PORT RICHEY FL 34652 US	P.O. BOX 1115 2935 SE 58TH AVE., #2 ELFERS FL 3468 US

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1115
Street, Apt. #, etc. 22	Street, Apt. #, etc. 27
City, & State 23	City, & State 28 ELFERS
Zip 24 / County 25	Zip 29 FL 34680 / County 30 U.S.A.

3. Date Incorporated or Qualified: **08/09/1983**

3a. Date of Last Report: **07/10/1995**

4. FEI Number: **59-2318921** — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CULBERTSON, REAVER
9829 SUNBEAM DRIVE
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 9820 SUNBEAM DRIVE

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1505, Florida Statutes, the above-named corporation desires to change its registered office or registered agent, or both, in the State of Florida. So that it may comply with the corporation's annual report requirements, the undersigned, being familiar with and accepting the obligations of, hereby designates the above registered agent.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12	
TITLE	PRES	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	CULBERTSON, REAVER		1 NAME	
STREET ADDRESS	9820 SUNBEAM DRIVE		1 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		1 CITY-ST-ZIP	
TITLE		[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate and complete as of the date of this report. I further certify that the information indicated on this report or supplemental 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: Reaver Culbertson REAVER CULBERTSON 4/10/96 813-841-6805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)