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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 22 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G53281

(3)

LIFE INSURANCE SCHOOL OF FLORIDA, INC.

Principal Place			Mailing Address			* ************************************	#1211 #1#16 #1#11 #1	111 415 11 2	,	
4044 NEWPORT 211		E	P.O. BOX 1115 LFERS FL 34680-1115							
IEW PORT RICHEY FL 34652 IS		U	US			3. Date Incorporated or Qualified 3a. Date of La 08/09/1983 04/15/199			•	
2. Principa' Pla	ace of Business	28	Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number			olied For	
8036	STATE ROAD	54 26				59-2318921		Not	Applicable	
Suite, Apt. (#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 A Fee Red	dditional ouired	
City & State			City & State			6. Election Campaign Financing		5.00	·	
NEW PO	ORT RICHEY, FO	2. 28				Trust Fund Contribution		Added K		
Zip	Country		Zip	Count	ry	8. This corporation has liability for i	intangible tax u	nder s.	199.032,	
346	[[30			Yes 🗌 No			
	9. Name and Address	of Current Regi	stered Agent			10. Name and Address of New Re	gistered Agen	t		
	Bertson, Reaver			В	1 Name					
9820 SUNBEAM DRIVE NEW PORT RICHEY FL 34654				82 Street Ad		dress (P.O. Box Number is Not Acceptable)				
(16.1	TOTT THORIES TO STOR	• 1		8	3			·		
				8	4 City		FL 85	Zip C	ode	
1. Pursuant t	o the provisions of Section	s 607.0502 and 0	607.1508, Florida Sta	tutes, the abo	ve-named corr	poration submits this statement for the p	ourpose of char	l naina its	registered	
office or re	ngistered agent, or both, in in familiar with, and accept	ithe State of Flor	ida. Such change wa	s authorized l	by the corpora	ition's board of directors. I hereby accep	of the appointm	ent as i	egistered	
agent. Far		the congations of	21, Section 607.0505.	rionda siaiui	b5.		4/16/2	-		
		1210111	- Alma				1/14/4	/		
	Signalate, typed or pented name of r	egistered agent and till	ko il applicable. (N	OTE: Repistered A	gent signature regu	ired when reinstating)	DATE			
	Signature, typed or printed name of r	egistered agent and titl CERS AND DIRE		OTE: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIR	ECTOR:	S IN 12	
2.	Signature, typed or printed name of r							ECTOR!		
2.	Signature, typed or pented name of r OFF1	CERS AND DIRE	CTORS	13.						
IZ. IILF IAME	Signalare, typed or pented name of r OPET PRES	CERS AND DIRE	CTORS	13. 1.1 TITLE 1.2 NAM						
2. TILE IAME. STREET ADORESS	Signature, typed or peniled name of a OFF1 PRES CULBERTSON, REAVE	CERS AND DIRE R E	CTORS	13. 1.1 TITLE 1.2 NAM	E ET ADDRESS					
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