

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # H77567 (6)

1. Corporation Name
ANNUITY WAREHOUSE, INC.

Principal Place of Business 7251 W PALMETTO PK RD BOCA RATON FL 33433	Mailing Address 7251 W PALMETTO PK RD BOCA RATON FL 33433
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 555 S. Kansas Avenue Suite, Apt. #, etc. 22		2a. Mailing Address 26 555 S. Kansas Avenue Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 09/23/1985	
23 Topeka, KS City & State 24 66603 Zip 25 USA Country		28 Topeka, KS City & State 29 66603 Zip 30 USA Country		4. FEI Number 59-2606701	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUBERTONE, DONNA J 7251 W PALMETTO PARK RD BOCA RATON FL 33433		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOEFT, JERALD R	1.2 NAME	Mark V. Heitz
STREET ADDRESS	18674 ANCHOR DRIVE	1.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBERTONE, DONNA J.	2.2 NAME	Allen Atha, III
STREET ADDRESS	3725 KINGS WAY	2.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	EVP, CFO, & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROHN, FRANK T	3.2 NAME	Thomas M. Fogt
STREET ADDRESS	6001 OLD CLINT MOORE RD	3.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	EVP & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TICE, JULIE B	4.2 NAME	Michael H. Miller
STREET ADDRESS	710 NE 69TH STREET	4.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	MDD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President & Controller <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTER, RALPH W JR.	5.2 NAME	Dale Brueggeman
STREET ADDRESS	415 SW 8TH STREET	5.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	TOPEKA KS	5.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOGT, THOMAS M	6.2 NAME	Vickie Freel
STREET ADDRESS	415 SW 8TH STREET	6.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	TOPEKA KS	6.4 CITY-ST-ZIP	Topeka, KS 66603

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dale H Brueggeman Dale H. Brueggeman 4/30/98 (785) 295-4461

CR2E034 (10/97)