

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

FILED
May 15 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 # K15834 (0)
1. Corporation Name
PROGRAM UNDERWRITERS, LIFE & HEALTH BENEFITS CORP.



Principal Place of Business Mailing Address
3700 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33066-1616
US 3700 COCONUT CREEK PKWY
COCONUT CREEK FL 33066-1616
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0041635	
24 Country		30 Country		Applied For	
				Not Applicable	
				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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTO, LAWRENCE J. 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066				81 Name ZISSELMAN ARNOLD			
				82 Street Address (P.O. Box Number is Not Acceptable) 3700 COCONUT CREEK PARKWAY			
				83			
				84 City Coconut Creek FL 85 Zip Code 33066			

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 *Arnold Zisselman* (NOTE: Registered Agent signature required when reinstating) DATE 4/22/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE DP				1.1 TITLE			
NAME BUTO, LAWRENCE J.				1.2 NAME			
STREET ADDRESS 4200 NW 101ST DR				1.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE DST				2.1 TITLE CST			
NAME BUTO, FRANCES T.				2.2 NAME			
STREET ADDRESS 4200 N.W. 101 ST DR.				2.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL				2.4 CITY-ST-ZIP 33065			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				3.1 TITLE			
NAME				3.2 NAME BUTO, DONNA M.			
STREET ADDRESS				3.3 STREET ADDRESS 4200 N.W. 101 DR			
CITY-ST-ZIP				3.4 CITY-ST-ZIP CORAL SPRINGS FL 33065			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				4.1 TITLE VP			
NAME				4.2 NAME BUTO, STEPHEN			
STREET ADDRESS				4.3 STREET ADDRESS 11184 LAKE VIEW DRIVE			
CITY-ST-ZIP				4.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, changed, or on an attachment with an address.

CR2E034 (10/97)