

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08675 (5)

1. Corporation Name
LIFE GENERAL FUNDING CORPORATION

Principal Place of Business

~~200 S. ANDREWS AVE.~~
~~6TH FL~~
~~FT. LAUDERDALE FL 33155~~
US

Mailing Address

~~200 S. ANDREWS AVE.~~
~~6TH FL~~
~~FT. LAUDERDALE FL 33301-1864~~
US

3. Date Incorporated or Qualified
08/14/1989

3a. Date of Last Report
06/18/1996

4. FEI Number
65-1796570

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

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

22 SUITE 1500
City & State

23 FT. LAUDERDALE, FL
Zip

24 33301 Country

2a. Mailing Address

26 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

27 SUITE 1500
City & State

28 FT. LAUDERDALE, FL
Zip

29 33301 Country

30 USA

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC
801 BRICKELL AVE
SUITE 2400
MIAMI FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
OP
ROCHON, RICHARD C.
200 S. ANDREWS AVE., 6TH FL
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SV
CARRIERO, EDWARD M JR.
200 S. ANDREWS AVE., 6TH FL
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
450 E LAS OLAS BLVD, SUITE 1500
FT LAUDERDALE FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
S
CARRIERO EDWARD M JR
450 E LAS OLAS BLVD 15 FLOOR
FT LAUDERDALE FL 33301

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
BRANDEN CRIS V
450 EAST LAS OLAS BLVD 15 FLOOR
FT LAUDERDALE FL 33301

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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***3300.00 ***165.00

JB5-1-97

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)