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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90026 004 ***150.00

OCUMENT # L08675

Corporation Name

Life general funding cori	PORATION					
incipal Place of Business	Mailing Address				1 81811 81911 91811 61	19)(W)(I) (W)(
EAST LAS OLAS BLVD.	450 EAST LAS OLAS BLVD.					
1500 SUITE 1500						
. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301				DO NOT WRITE IN TH	IS SPACE	
	US			Date Incorporated or Qualifed		
<u></u>				08/14/1989		
Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
	26			65-1796570		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	1
	27			0.	Fee Red	
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00	
<u></u>	28			Trust Fund Contribution Added to Fees		o Fees
Zip Country	Zip	Countr	ту	8. This corporation owes the current year		
25		30		Personal Property Tax.		□No
9. Name and Address of C	urrent Registered Agent		4	10. Name and Address of New Registere	d Agent	
AMEDICAN INFORMATION SERV	ACEC INC	8	1 Name			
AMERICAN INFORMATION SER	VICES INC	8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
801 BRICKELL AVE						
SUITE 2400		8	3			
MIAMI FL 33131		8.	4 City		85 Zip C	Code
			V Oily	F		
Signature, typed or printed name of registe OFFICER	red agent and title if applicable. (NOTE: F	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
	☐ SELETE	1.1 IIILE			Ondrige	
ROCHON, RICHARD C						
450 EAST LAS OLAS BLVD., SUITE 1500			ET ADDRESS			
ST-ZIP FT. LAUDERDALE FL 333		1.4 CITY- 2,1 TITLE			Change	Addition
1 -	S DELETE				Change	
CARRIERO, EDWARD M J		2 2 NAME	!			
- TADDRESS 450 EAST LAS OLAS BLV		B.	ET ADORESS			
ST-ZIP FT. LAUDERDALE FL 333		2 4 CITY		<u> </u>	☐ Change	Addition
VT CDIC V	☐ DELETE	3.1 TITLE	•		L Shange	
BRANDEN, CRIS V	D 45 FLOOD	3.2 NAME	1			}
450 EAST LAS OLAS BLV			ET ADDRESS			
ST-ZIP FT. LAUDERDALE FL 333	DELETE	3.4. CITY			Change	Addition
	☐ DECEIE				Griange	
-		4. 2 NAMI				{
I ADIXILESS			ET ADORESS			
ST-ZIP	□ Delete	4.4 CITY-			Change	Addition
	☐ DELETE	5.1 TITLE			□ cuange	L.J Addison
		5.2 NAME	1			
T ADDRESS		1	ET ADDRESS			
ST-ZIP	- December	5.4 CITY-			Change	□ Addition
-	☐ DELETE	6.1 TITLE			Change	☐ Addition
		6.2 NAME				
··· (ADDRESS		1	ET ADDRÉSS			
ST-ZIP		6.4 CITY-	ST-ZIP			

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 of 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 of 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 changes, or on an attachment with an address, with all other like empowered.

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