

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:57

DOCUMENT # **L49917** (2)

1. Corporation Name
SOUTHERN LIFE & HEALTH INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
625 NW RIVER DR **625 NW RIVER DR.**
STE 400 **STE 400**
STUART FL 34994 **STUART FL 34994**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/14/1990** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business 21 56 S.W. Riverway Blvd.		2a. Mailing Address 26 56 S.W. Riverway Blvd.		4. FEI Number 65-0182836		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Palm City		28 Palm City		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Florida		25 Martin		29 FL		30 Martin	
24 Florida				25 Martin		29 FL	
29 FL				30 Martin		8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SUSSMAN LAWRENCE 625 NW RIVER DR #403 STUART FL 34994				10. Name and Address of New Registered Agent			
B1 Name Wanda Dirks				B2 Street Address (P.O. Box Number is Not Acceptable) 56 S.W. Riverway Blvd.			
B3				B4 City Palm City FL B5 Zip Code 34990			

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 607.04(1), Florida Statutes.

SIGNATURE: *Wanda Dirks Pres.* DATE: **4-3-95**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE VP	2. NAME SUSSMAN LAWRENCE	3. STREET ADDRESS 625 NW RIVER DR #403	4. CITY, ST, ZIP STUART FL	1. TITLE P	2. NAME DIRKS, WANDA	3. STREET ADDRESS 56 S.W. Riverway Blvd.	4. CITY, ST, ZIP Palm City, FL 34990
5. TITLE S	6. NAME VERNAGLIA, JOHN	7. STREET ADDRESS 625 NW RIVER DR #403	8. CITY, ST, ZIP STUART FL	5. TITLE VP	6. NAME Sussman, Lawrence	7. STREET ADDRESS 56 S.W. Riverway Blvd.	8. CITY, ST, ZIP Palm City, FL 34990
9. TITLE P	10. NAME DIRKS, WANDA	11. STREET ADDRESS 625 NW RIVER DR #403	12. CITY, ST, ZIP STUART FL	9. TITLE S	10. NAME SUSSMAN, SAMMY	11. STREET ADDRESS 56 S.W. Riverway Blvd.	12. CITY, ST, ZIP Palm City, FL 34990
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP	25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY, ST, ZIP	29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information reported 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. I am an officer, director or shareholder of this corporation or I have been appointed to associate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing on an attachment with an address.

SIGNATURE: *Wanda Dirks* DATE: **4-3-95**
Wanda Dirks President