

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L49917 (2)**

1. Corporation Name  
**SOUTHERN LIFE & HEALTH INC**



Principal Place of Business: **56 SW RIVERWAY BLVD. STE 400 PALM CITY FL 34990-3490**  
Mailing Address: **56 SW RIVERWAY BLVD. STE 400 PALM CITY FL 34990**

2. Principal Place of Business: **56 SW Riverway Blvd.**  
2a. Mailing Address: **56 SW Riverway Blvd.**  
City & State: **Palm City, FL**  
Zip: **34990** County: **Martin**

3. Date Incorporated or Qualified: **02/14/1990**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **65-0182836**  
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

8. Name and Address of Current Registered Agent  
**DIRKS, WANDA**  
**56 SW RIVERWAY BLVD.**  
**PALM CITY FL 34990**

10. Name and Address of New Registered Agent  
81 Name: **NA**  
82 Street Address (P.O. Box Numbers Not Acceptable): **NA**  
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: **NA** DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>DIRKS, WANDA</b>	
STREET ADDRESS	<b>56 SW RIVERWAY BLVD.</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>SUSSMAN, LAWRENCE</b>	
STREET ADDRESS	<b>56 SW RIVERWAY BLVD.</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>SUSSMAN, SAMMY</b>	
STREET ADDRESS	<b>56 SW RIVERWAY BLVD.</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
6. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			

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\*\*\*225.00

*DM*  
*11/15/96*

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)(k), 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: **Wanda Dirks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Wanda Dirks** President  
Date: **4-15-96** 4072219524

CR2E034 (12/95)