

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

FILED

**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L49917 (2)
1. Corporation Name
SOUTHERN LIFE & HEALTH INC



Principal Place of Business
**56 SW RIVERWAY BLVD.
PALM CITY FL 34994
US**

Mailing Address
**56 SW RIVERWAY BLVD.
PALM CITY FL 34990-4236
US**

3. Date Incorporated or Qualified
02/14/1990

3a. Date of Last Report
06/15/1996

4. FEI Number
65-0182836

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30.

9. 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIRKS, WANDA		1.2 NAME	
STREET ADDRESS 56 SW RIVERWAY BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUSSMAN, LAWRENCE		2.2 NAME	
STREET ADDRESS 56 SW RIVERWAY BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUSSMAN, SAMMY		3.2 NAME	
STREET ADDRESS 56 SW RIVERWAY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Wanda Dirks **Wanda Dirks Pres. 3-4-97 561-221-9524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)