FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09962 (4)

1. Corporation Name

BROWARD COUNTY ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
~~2401 NE 44TH AVENUE~~	~~2401 NE 44TH AVENUE~~
POST OFFICE BOX 491208	POST OFFICE BOX 491208
FT. LAUDERDALE FL 33491	FT. LAUDERDALE FL 33491

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2440528 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THOMSON, PATRICIA R.
8205 N.W. 38 STREET
CORAL SPRINGS FL 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	THOMSON, TOM	1.2 NAME	Barclay, Linda
STREET ADDRESS	1001 YAMATO ROAD, #400	1.3 STREET ADDRESS	600 Corporate Dr, #200
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BARCLAY, LINDA	2.2 NAME	Forrest, Phillip
STREET ADDRESS	600 CORPORATE DRIVE, #200 ✓	2.3 STREET ADDRESS	800 Fairway Dr, #290
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	ST	3.1 TITLE	ST ☒ Change ☐ Addition
NAME	GOODKIN, DAVID	3.2 NAME	Rubin, Robert
STREET ADDRESS	2400 E. COMMERCIAL BLVD., #500	3.3 STREET ADDRESS	5310 NW 33 Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	FORREST, PHILLIP	4.2 NAME	Cohen, Sheila
STREET ADDRESS	2400 E. COMMERCIAL BLVD. #500 ✓	4.3 STREET ADDRESS	5310 N.W. 33 Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	RUBIN, BOB ✓	5.2 NAME	Adler, Jack
STREET ADDRESS	5310 NW 33 AVENUE	5.3 STREET ADDRESS	8960 N.W. 3rd Court
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE	D	6.1 TITLE	VP ☐ Change ☒ Addition
NAME	TUCKER, LEO	6.2 NAME	Sena, John
STREET ADDRESS	2101 W COMMERCIAL BLVD	6.3 STREET ADDRESS	190 W. Glades Rd.
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	Boca Raton FL 33432

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/17/95 305 938-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047883