FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 N09962

(4)

DOCUMENT # BROWARD COUNTY ASSOCIATION OF LIFE UNDERWRITERS, INC.

BROWARD COUNTY ASSOCIATION OF LIFE UNDERWHITERS, INC.				<u> </u>	
Principal Place o	f Business	Mailing Address			
2127 N.E. 11TH		2127 N.E. 11TH AVENUE POST OFFICE BOX 491208			
POST OFFICE BOX 491208 POST OFFICE BOX 491208 FT. LAUDERDALE FL 33491 FT. LAUDERDALE FL 33491				3. Date Incorporated or Qualified	3a. Date of Last Report
LAUDENDAL				3. Date Incorporated or Qualified 06/26/1985	04/27/1995
- 6: 1:15	- of Divisions	2a. Mailing Address		4 FEI Number	Applied For
2. Philippa Flade of Eddiness				59-2440528	Not Applicable
1 8205 Suite, Apt. #,	N.W. 38 St.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	Springs, FL	27 P.O. Box 4	91208		- Fee Hequiled
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
3 3306 <u>5</u>		28 Ft. Lauderd		Trust Fund Contribution 8. This corporation has liability for in	Added to 1 des
Zip	Country	Zip 29 33349-12083	Country USA	8. This corporation has liability for in	Yes K No
4	25 USA 9. Name and Address of Curre		U OOK	10. Name and Address of New Re	
	9. Name and Address of Curre	an uggisteren wyent	81 Name		
TUONOO	M DÁTDICIÁ D		00 00 00 00 00	dress (P.O. Box Number is Not Acceptable	a)
				uress (F.O. Dox Hornber is Not Acceptable	
8205 N.W. 38 STREET CORAL SPRINGS FL 33065					
CURAL SPRINGS PL 33063			84 City		85 Zip Code
			1 1 5,	oration submits this statement for the purpart of directors. I hereby accept the appo	FL!
SIGNATURE _	Signature, typed or printed name of registered agr		Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	AUDITIONS/ORANGES TO OFFI	Change Addition
TITLE	D COURT CUE!! A	DELETE	1.1 TITLE 1.2 NAME		
NAME	COHEN, SHEILA		1.2 NAME 1.3 STREET ADDRESS	3230 W. Commercia	1 Blvd
STREET ADDRESS	5310 NW 33 AVE FT LAUDERDALE F		1.4 CITY-ST-ZIP	Ft. Lauderdale, F	
CITY-ST-ZIP	P LAUDERDALE F	DELETE	2.1 TITLE	D	Change 😾 Addition
TITLE	BARCLAY, LINDA	X	2.2 NAME	Joseph Chalom	
NAME	600 CORPORATE DRIVE, #	200	2.3 STREET ADDRESS	2139 University D	r., #294
STREET ADORESS	FT. LAUDERDALE FL		2. 4 CITY - ST - ZIP	Coral Springs, FL	33071
CITY-ST-ZIP	D D	DELETE	3.1 TITLE	V	Change
NAME	ADLER, JACK	_	3.2 NAME	•	
STREET ADDRESS	8960 NW 3 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY - ST - ZIP		Change Addition
TITLE	V	DELETE	4.1 TITLE	P	TA cuands T1 woulder
NAME	FORREST, PHILLIP		. 4. 2 NAME		
STREET ADDRESS	2400 E. COMMERCIAL BLV	/D. #500	4.3 STREET ADDRESS	1401 E. Broward B	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, F	L 33301 —————————————————————————————————
TITLE	ST	₩ DELETE	51 TITLE	D	C change C. Santon
NAME	RUBIN, BOB		5.2 NAME	Julio Bercowicz	
STREET ADDRESS	5310 NW 33 AVENUE		5.3 STREET ADDRESS	1936 S. Andrews A	
CITY-ST-ZIP	FT. LAUDERDALE FL	# Topi FTF	5 4 CiTY-ST-ZiP	Ft. Lauderdale, F	Change Addition
TITLE	D	DELETE	6.1 TITLE	17	

6.2 NAME

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 supplementar 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 configuration or the recentage of 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 changes, or for an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SENA, JOHN

190 W GLADES RD

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #