## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

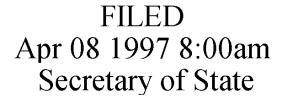
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N09962

(4)

BROWARD COUNTY ASSOCIATION OF LIFE UNDERWRITERS.



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INC						
Principal Place of Business Mailing Address					TARIFIEL BIT OBIIN INIID INIID NAID NAID	
8205 NW 38 STREET			9-1208			
					3. Date Incorporated or Qualified 06/26/1985	3a. Date of Last Report 03/01/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2440528	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 9000 NW 28 Dr., #309 27						Fee Required
City & State City & State  23 Coral Springs, FL 28  Zip Zip Zip					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip			_ Countr	У	8. This corporation has liability for	
24 33065   25 USA   29   30			<u> </u>			
<u> </u>	9. Name and Address of Current	Hegistered Agent	B	None	10. Name and Address of New Re	gistered Agent
	ALL BATRIOLE B			Name		
THOMSON, PATRICIA R. 8205 N.W. 38 STREET			82 Street Addr		Address (P.O. Box Number is Not Acceptal	ole)
	SPRINGS FL 33065		83	3		
			84	City		■ 85 Zip Code
			"			FL   S   Z   D   D
Office or r	to the provisions of Sections 617,0502 registered agent, or both, in the State o im familiar with, and accept the obligat	il Florida. Such chango was aut	horized b	by the con	corporation submits this statement for the poration's board of directors. I hereby acception	ourpose of changing its registered of the appointment as registered
SIGNATURE .	-					
	Signature, typod or printed name of registered agent	·····		gent signature	required when re-instaling)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D COURAL CLIENTA	<b>★</b> DELETE	1.1 TITLE		D	L Change 🙀 Addition
NAME	COHEN, SHEILA		1.2 NAME		Brian Estler	
STREET ADDRESS	3230 W COMMERCIAL BLVD FORT LAUDERDALE FL		1	T ADDRESS	600 Corporate Drive	
CITY-ST-ZIP TITLE	D PONT LAUDENDALE PL	DELETE	1.4 CITY - 2.1 TITLE		Ft.Lauderdale, FL_	33334 Addition
NAME	CHALOM, JOSEPH					Circularite Ci Modicoli
STREET ADDRESS	2139 UNIVERSITY DR #294	}	22 NAME		·	
	CORAL SPRINGS FL			T ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CITY - 3.1 TITLE		<del> </del>	Change Addition
NAME	ADLER, JACK	. C Deceie	3.2 NAME			Country Country
STREET ADDRESS	8960 NW 3 CT			1 ADDRESS		
CITY-\$1-ZIP	CORAL SPRINGS FL		3.4. CITY			İ
TITLE	P	X DELETE	4.1 TITLE	V1-50	V	Change X Addition
NAME	FORREST, PHILLIP		4. 2 NAME		Max Gabriel	
STREEY ADDRESS	1401 E BROWARD BLVD			TADDRESS	500 W. Cypress Cree	k Rd, #710
CITY-ST-ZIP	FORT LAUDERDALE FL	•	4.4 CHY-		Ft. Lauderdale, FL	33309
TITLE	D	K DELETE	5.1 TITLE		D	☐ Change ☒ Addition
NAME	BERCOWICZ, JULIO		5.2 NAME		Charles Tiedje	
STREET ADDRESS	1936 S ANDREWS AVENUE			T ADDRESS	3900 NE 18 Ave, #33	3
CITY-ST-ZIP	FORT LAUDERDALE FL		5.4 CITY-		Ft. Lauderdale, FL	33334
TITLE	V	☐ DELETE	6.1 TITLE		Р	Change Addition
NAME	SENA, JOHN		6.2 NAME			
STREET ADDRESS	190 W GLADES RD			T ADDRESS	·	
CITY-ST-ZIP	BOCA RATON FL	!	64 CITY-			

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 supplimental annual report as fire 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 him receiver or trustee perspected to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the corporation of the c