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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N09962 (4)

1. Corporation Name

BROWARD COUNTY ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
8205 NW 38 STREET CORAL SPRINGS FL 33065 US	P.O. BOX 491208 FORT LAUDERDALE FL 33349-1208 US

3. Date Incorporated or Qualified: 06/26/1985
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 9000 NW 28 Dr., #309
City & State: 23 Coral Springs, FL
Zip: 24 33065 Country: 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	COHEN, SHEILA		1.2 NAME	Brian Estler	
STREET ADDRESS	3230 W COMMERCIAL BLVD		1.3 STREET ADDRESS	600 Corporate Drive, #200	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft.Lauderdale, FL 33334	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHALOM, JOSEPH		2.2 NAME		
STREET ADDRESS	2139 UNIVERSITY DR #294		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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		
TITLE	P	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	FORREST, PHILLIP		4.2 NAME	Max Gabriel	
STREET ADDRESS	1401 E BROWARD BLVD		4.3 STREET ADDRESS	500 W. Cypress Creek Rd, #710	
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BERCOWICZ, JULIO		5.2 NAME	Charles Tiedje	
STREET ADDRESS	1936 S ANDREWS AVENUE		5.3 STREET ADDRESS	3900 NE 18 Ave, #33	
CITY-ST-ZIP	FORT LAUDERDALE FL		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	V	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	SENA, JOHN		6.2 NAME		
STREET ADDRESS	190 W GLADES RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: