FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 02, 1999 8:00 am § Secretary of State

04-02-1999 90004 026 ****61.25

DOCUMENT #	N09962
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1. Corporation Name

BROWARD COUNTY ASSOCIATION OF LIFE UNDERWRITERS, INC.

Dringing Place of Business

Moiling Addrage

Principal Place	or Business	Mailing Address						
9000 NW 28 D	98 DR. #309 P.O. BOX 491208				\$ 1884;188 311 86118 18146 18146 08140 1131 81311 81311 81311 81311 81311 81311 81311 81311 81311 81311 81311			
CORAL SPRING								
US	US				I I MATTI MIT ATT A STATE TO THE STATE OF THE			
					- 1			
2. Principal Pl	ace of Business	2a. Mailing Address			3.	Date Incorporated or Qualifed		
		26			İ	06/26/1985		. !
21	<u> </u>	Suite, Apt. #, etc.		-	4.	FEI Number	Applied Fo	or
_	¬				"	59-2440528	Not Applic	
22		27				33 ETTOCES	\$8.75 Addition	
City & State City & State					Certifcate of Status Desired	Fee Required	an	
23	28							
Zip	Country	Zip	Cou	ntry	6.	Election Campaign Financing	\$5.00 May Be	1
24	25	29	30			Trust Fund Contribution	Added to Fees	
<u></u> j	9. Name and Address of Current	Registered Agent			10	Name and Address of New Register	ered Agent	
				81 Nam	е			
	I, PATRICIA R.			82 Stre	et Address (i	P.O. Box Number is Not Acceptable)	•	.
9000 NW	28TH DR	•		92	·····			
#309				83				
	PRINGS FL 33065			84 City			85 Zip Code	-
COIVE O	111100 12 00000			U- City			FL S Zip Code	
11 Dureuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statut	es, the at	oove-name	d corporatio	on submits this statement for the purpo	se of changing its register	red
office or n	edictored agent or both in the State of	' Fiorida - Such chande was a	utnonzea	DV the co	rporation's b	poard of directors. I hereby accept the	appointment as registered	1
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flo	orida Statu	ites.				- 1
SIGNATURE	4							_
	Signature, typed or printed name of registered agent a	(· ·		Agent signatu	re required when	reinstating) DA ADDITIONS/CHANGES TO OFFICER		12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	· · · · · · · · · · · · · · · · · · ·	
TITLE	ST	☐ DELETE	1.1 1∏	η.Ε		•	Change A	Addition
NAME	ESTLER, BRIAN		1.2 NA	ME			•	1
STREET ADDRESS	600 CORP DR., #200		1.3 ST	REET ADDRE	ss			1
	FORT LAUDERDALE FL		14.00	TY-ST-ZIP				İ
CITY-ST-ZIP		☐ DELETE	2.1 TI		1,7	· · · · · · · · · · · · · · · · · · ·	`X Change □ A	ddition
TITLE	D				\ \ \		. ,	
NAME	CHALOM, JOSEPH		2.2 NA	ME				į,
STREET ADDRESS	2139 UNIVERSITY DR #294		2.3 ST	REET ADDRE	SS	4 · · ·	<u> </u>	· ·
CITY-ST-ZIP	CORAL SPRINGS FL	4.	2.4 CI	TY-ST-ZIP		·		
TITLE	P	▼ DELETE	3.1 TIT	î.E	ST		☐ Change 💢 A	ddition
NAME	ADLER, JACK	/ 1	3.2 NA	ME		V CANDONIA	- •	
				REET ADDRE	S 5 4 ~	y Cioldmann I Anglers Way		
STREET ADDRESS	8960 NW 3 CT				~ 210		1. 33712.	ŀ
CITY-ST-ZIP	CORAL SPRINGS FL	, , , , , , , , , , , , , , , , , , ,		TY-ST-ZIP	1 → ↑,	Louderdale, F	Change DA	Addition
TITLE	V	☐ DELETE	4.1 TT	ΠE	1	`	A Change	Malaon
NAME	GABRIEL, MAX		4. 2 N	AME				
STREET ADDRESS	500 W CYPRESS CREEK RD #7	710	4.3 ST	REET ADDRE	ss	•		
CITY-ST-ZIP	FORT LAUDERDALE FL	•	4.4 CF	TY-ST-ZIP				
TITLE	D D	DELETE	5.1 TF		10		☐ Change 🛕 A	Addition
	U	/\frac{1}{2}	5.2 NA		1 -	Langer	- / \	ļ
NAME	TIEDJE, CHARLES			REET ADDRE	«Lra	A Andrews A	ve, # 100	1
STREET ADDRESS	3900 NE 18 AVE #33				~ 590·	Langer o N. Andrews A Lauderdale, F	1 33211	
CITY-ST-ZIP	FORT LAUDERDALE FL			TY-ST-ZIP	Ft.	Lauderdaig F	- 33309	
TITLE	D	☐ DELETE	6.1 Ττ	ΠE			Change 🗀 A	Addition
NAME	BILSKER, ROBERT		6.2 NA	ME				
\			6,3 ST	REET ADDRE	ss	•		. }
STREET ADDRESS	9825 W SAMPLE RD #206			TY-ST-ZIP		•		
0.004.00.00	PETRIDAL CUDINIZO EL 33066		■ D.4 U	11-31-45	1			

14. I 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, with all other like empowered.

SIGNATURE:

ND9962 283682 90004.26

Broward County Association of Life Underwriters, Inc. Additional Directors

D John Blalock 899 W. Cypress Creek Rd., #902 Ft. Lauderdale, FL 33309

D W. Adam Clatsoff 3000 N.W. 101 Lane Coral Springs, FL 33065

D
David Cooley
1531 South Cypress Road
Pompano Beach, FL 33060

D
Patrick J. Joyce
100 W. Cypress Creek Rd 5th Floor
Ft Lauderdale, FL 33309-2181

D J. Harvey Kendall 700 W. Hillsboro Blvd., Bldg. 1, #201 Deerfield Beach, FL 33441

D Arnold Pierre 4760 N. State Road 7 Ft. Lauderdale, FL 33319

D Hugh Root 600 Corporate Drive, #200 Ft. Lauderdale, FL 33334