

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24359 (4)

1. Corporation Name

BROWARD SOUTH ASSOCIATION OF LIFE UNDERWRITERS,
INC.



Principal Place of Business

C/O MAUD MARIE SANTUCCI
9241 S.W. PLACE
COOPER CITY FL 33328
US

Mailing Address

C/O MAUD MARIE SANTUCCI
9241 S.W. 54 PLACE
COOPER CITY FL 33328
US

3. Date Incorporated or Qualified
01/14/1988

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0049727

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

10. Name and Address of New Registered Agent

WINTERROWD, JO LEE
202 SOUTH 28 AVENUE
HOLLYWOOD FL 33020

81 Name David A. Schwab

82 Street Address (P.O. Box Number is Not Acceptable)

Equitable Insurance

83 4000 Hollywood Blvd., #705-S

84 City Hollywood

FL 85 Zip Code 33021

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

Signature typed or printed name of registered agent and title if applicable

David A. Schwab

5/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WINTERROWD, JO LEE
STREET ADDRESS 202 SOUTH 28 AVENUE
CITY-ST-ZIP HOLLYWOOD FL ☒ DELETE

11 TITLE P/D
12 NAME David A. Schwab
13 STREET ADDRESS 4000 Hollywood Blvd., #705-S
14 CITY-ST-ZIP Hollywood, FL 33021 ☒ Change ☐ Addition

TITLE VD
NAME SCHWAB, DAVID
STREET ADDRESS 4000 HOLLYWOOD BLVD., #705-S
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

21 TITLE V/D
22 NAME Gary Hochberg
23 STREET ADDRESS 5799 Orange Drive
24 CITY-ST-ZIP Fort Lauderdale, FL 33314 ☒ Change ☐ Addition

TITLE VD
NAME SOLODKIN, JEFFREY
STREET ADDRESS 4000 HOLLYWOOD BLVD, STE 495
CITY-ST-ZIP HOLLYWOOD FL ☒ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ST
NAME BARRACO, PETER
STREET ADDRESS 3400 LAKESIDE DRIVE, THIRD FLOOR
CITY-ST-ZIP MIRAMAR FL ☒ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME DUNSFORD, CHARLES T.
STREET ADDRESS 7694 MIRAMAR PARKWAY
CITY-ST-ZIP MIRAMAR FL ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D
NAME BARRACO, WENDY
STREET ADDRESS 9050 PINES BLVD., SATE 385
CITY-ST-ZIP PEMBROKE PINES FL ☒ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Schwab, President

5/20/96 954-967-6914

Date

Daytime Phone #

CR2E037 (12/95)