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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24359** (4)

1. Corporation Name

BROWARD SOUTH ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

01/14/1988

4. FEI Number

65-0049727

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWAB, DAVID A
EQUITABLE INSURANCE
4000 HOLLYWOOD BLVD., #705-S
HOLLYWOOD FL 33021

81 Name **David A. Schwab**

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

83 **100 S.E. 3 Ave., Ste. 1200**

84 City **Fort Lauderdale**

FL 85 Zip Code **33394**

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 **David A. Schwab**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **100 S.E. 3 Ave., Ste. 1200**
1.3 STREET ADDRESS **Fort Lauderdale, FL 33394**
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **HOCHBERG, GARY**
STREET ADDRESS **5799 ORANGE DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BARRACO, PETER I**
STREET ADDRESS **3400 LAKESIDE DR**
CITY-ST-ZIP **MIRAMAR FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **John Stengel**
4.3 STREET ADDRESS **P. O. Box 46**
4.4 CITY-ST-ZIP **Hollywood, FL 33022 (N/A)**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: **David A. Schwab**

1-30-98 954-356-5650

CR2E037 (10/97)