FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43893 (9)

1. Corporation Name

THE SAWGRASS ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
300 S. PINE ISLAND RD. STE 250 PLANTATION FL 33324 US	300 S. PINE ISLAND RD. STE 250 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0192502 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

9. Name and Address of Current Registered Agent

THOMAS, MYRNA
300 S. PINE ISL RD
STE 250
PALNTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MONTEFEL, MARTIN	1.2 NAME	WILLIAM G. SIEGEL
STREET ADDRESS	1304 SW 160TH AVE, #2170	1.3 STREET ADDRESS	4440 N. UNIVERSITY DR.
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	LAUDERHILL FL 33351
TITLE	P	2.1 TITLE	V ☒ Change ☐ Addition
NAME	PETRAGLIA, FRANK J.	2.2 NAME	JAY I. GELFENBAUM
STREET ADDRESS	1401 UNIVERSITY DR, #607	2.3 STREET ADDRESS	3230 W. COMMERCIAL BLVD #100
CITY-ST-ZIP	CORAL SPGS FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	V	3.1 TITLE	V ☒ Change ☐ Addition
NAME	KOCHER, KAREN M.	3.2 NAME	JANE FREILICH
STREET ADDRESS	4400 INVERRARY BLVD, #200	3.3 STREET ADDRESS	10001 CLEARY BLVD.
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	ST	4.1 TITLE	T ☒ Change ☐ Addition
NAME	HAFT, GARY	4.2 NAME	GARY HAFT
STREET ADDRESS	9900 W SAMPLE RD, STE 313	4.3 STREET ADDRESS	5315 NW 108 WAY
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	LESTER, KALMAN H.	5.2 NAME	MARTIN MONTEFEL
STREET ADDRESS	47 CANTERBURY LN	5.3 STREET ADDRESS	1304 SW 160 AVE #2170
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33326
TITLE	V	6.1 TITLE	D ☒ Change ☐ Addition
NAME	SIEGEL, WILLIAM G	6.2 NAME	FRANK J. PETRAGLIA
STREET ADDRESS	4440 N. UNIV DR.	6.3 STREET ADDRESS	1401 N. UNIVERSITY DR. #607
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071

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)(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: Gary Haft SECRETARY/TREASURER 4/18/95 (305)345-8115
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010483