FILE NOW: FILING FEE IS $61.25

FILED
May 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 # N43893

1. Corporation Name
THE SAWGRASS ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business
9715 W. BROWARD BLVD SUITE 126
PLANTATION, FL 33324

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 9715 W. BROWARD BLVD	26 9715 W. BROWARD BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 126	27 126
City & State	City & State
23 PLANTATION FL	28 PLANTATION FL
Zip / Country	Zip / Country
24 33324 / 25 USA	29 33324 / 30 USA

3. Date Incorporated or Qualified: 11/1990
3a. Date of Last Report: 04/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MYRNA THOMAS
SAWGRASS ASSN. OF LIFE UNDERWRITERS
9715 W. BROWARD BLVD #126
PLANTATION 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 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 T NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRUCE TAYLOR 1451 S.W. 68TH AVE PLANTATION FL 33317 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JANE FREILICH 1170 N.W. 101 AVENUE PLANTATION. FL 33322 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JAMES BOYLAN 8489 N.W. 15TH COURT CORAL SPRINGS FL 33071 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JANE B. HODES 11137 N.W. 10TH PLACE CORALSPRINGS. FL 33071 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 5-8-97
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GARY S. HAFT 5315 N.W. 108 WAY CORAL SPRINGS FL 33076 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAY GELFENBAUM 11268 N.W. 10TH MANOR CORAL SPRINGS. FL 33071 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002182917 -05/19/97--01060--018 ***61.25

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: Jane B. Hodes JANE B. HODES 4/16/97 954-755-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #