


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 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 # N43893 (9)
 1. Corporation Name
THE SAWGRASS ASSOCIATION OF LIFE UNDERWRITERS, I NC.

Principal Place of Business 9715 W. BROWARD BLVD. STE 126 PLANTATION FL 33324 US	Mailing Address 9715 W. BROWARD BLVD. STE 126 PLANTATION FL 33324 US
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3. Date Incorporated or Qualified 06/17/1991	4. FEI Number 65-0192502	Applied For Not Applicable
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMAS, MYRNA 9715 W. BROWARD BLVD. STE 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELFENBAUM, JAY J.	1.2 NAME	FREILICH, JANE
STREET ADDRESS	11268 NW 10TH MANOR	1.3 STREET ADDRESS	1170 NW 101ST AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BRUCE	2.2 NAME	BOYLAN, JAMES
STREET ADDRESS	1451 SW 68TH AVENUE	2.3 STREET ADDRESS	8489 NW 15TH COURT
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREILICH, JANE	3.2 NAME	LANZA, ETTORE
STREET ADDRESS	1170 NW 101ST AVENUE	3.3 STREET ADDRESS	4874 NW 106TH WAY
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFT, GARY	4.2 NAME	TAYLOR, BRUCE
STREET ADDRESS	5315 N.W. 108TH WAY	4.3 STREET ADDRESS	1451 SW 68TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLAN, JAMES	5.2 NAME	SIEGEL, WILLIAM G.
STREET ADDRESS	8489 NW 15TH COURT	5.3 STREET ADDRESS	228 NW 101ST AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	5.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEFEL, MARTIN	6.2 NAME	HAFT, GARY S.
STREET ADDRESS	1304 SW 160TH AVE #2170	6.3 STREET ADDRESS	5315 NW 108TH WAY
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076

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: *Gary Haft* GARY HAFT 1/22/98

CR2E037 (10/97)