

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 12 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 # N93000001786 (3)			
1. Corporation Name WEST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I NC.			
Principal Place of Business P O BOX 48514 ST PETERSBURG FL 33743 US		Mailing Address P O BOX 48514 ST PETERSBURG FL 33743 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent WHITE, BARBARA 6374 BURLINGTON AVE N <del>CURE</del> ST PETERSBURG FL 33710		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	
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			
TITLE	V	X DELETE	
NAME	FOLKERS, NORA		
STREET ADDRESS	7309 1ST AVE		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	D	X DELETE	
NAME	LIPSCH, RAYMOND E		
STREET ADDRESS	BRADENTON INSURANCE CALLER BOX 25009		
CITY-ST-ZIP	BRADENTON FL 34208-5009		
TITLE	P	X DELETE	
NAME	BLAIR, NANACY A		
STREET ADDRESS	5175-97TH WAY N		
CITY-ST-ZIP	ST PETERSBURG FL		
TITLE	D	X DELETE	
NAME	FRASER, JOHN W		
STREET ADDRESS	9974 LAKE SEMINOLE DR E		
CITY-ST-ZIP	LARGO FL 34643		
TITLE	S	X DELETE	
NAME	PAGNOTT, MICHELLE		
STREET ADDRESS	2451 MCMULLEN BOOTH RD 212		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	T	X DELETE	
NAME	WHITE, BARBARA		
STREET ADDRESS	6374 BURLINGTON AVE N		
CITY-ST-ZIP	ST PETERSBURG FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12			
1.1 TITLE	✓	X Addition	
1.2 NAME	Dennis Vasquez		
1.3 STREET ADDRESS	550 N. Reo St. # 300		
1.4 CITY-ST-ZIP	Tampa, FL 33609		
2.1 TITLE	✓	X Addition	
2.2 NAME	Ron Levine		
2.3 STREET ADDRESS	3412 S US Hwy 19 N.		
2.4 CITY-ST-ZIP	Palm Harbor, FL 34684-2114		
3.1 TITLE	✓	X Addition	
3.2 NAME	Jim Stevens		
3.3 STREET ADDRESS	24761 US 19 N. # 660		
3.4 CITY-ST-ZIP	Clearwater, FL 34623		
4.1 TITLE	✓	X Addition	
4.2 NAME	Barbara Linder		
4.3 STREET ADDRESS	44 Bishop Creek Dr.		
4.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
5.1 TITLE	✓	X Addition	
5.2 NAME	Barbara Guarino		
5.3 STREET ADDRESS	2857-58th Circle S.		
5.4 CITY-ST-ZIP	St. Petersburg, FL 33712		
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1993	3a. Date of Last Report 02/16/1996
4. FEI Number 59-3184002	Applied For Not Applicable
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
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	

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: *[Signature]* 8/12/97 8/13/288 6384

CR2E037 (4/97)