


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  
Sep 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004627 (5)

1. Corporation Name

THE TREASURE COAST ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3405  
STUART FL 34995

P.O. BOX 3405  
STUART FL 34995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/20/1994		02/28/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0416838		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		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			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, KATHLEEN  
901 SE MONTEREY COMMONS BLVD  
STUART FL 34996

81 Name MALLOY HANKINS  
82 Street Address (P.O. Box Number is Not Acceptable) 210 W. OCEAN BLVD  
83  
84 City STUART FL 85 Zip Code 34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, KATHLEEN	
STREET ADDRESS	901 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	P R D	<input type="checkbox"/> DELETE
NAME	LARSEN, BRAD	
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH #1701	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEADMAN, J.R.	
STREET ADDRESS	900 S. FEDERAL HWY. STE 310	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BACLETTA, TONY	
STREET ADDRESS	227 SW MONTEREY ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, DONALD	
STREET ADDRESS	P.O. BOX 2770 N/A	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWICKI, CHARLES A.	
STREET ADDRESS	735 COLORADO AVENUE #100	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MALLOY HANKINS	
1.3 STREET ADDRESS	210 W. OCEAN BLVD.	
1.4 CITY-ST-ZIP	STUART FL 34994	
2.1 TITLE	PRESIDENT	
2.2 NAME	GREGORY SPENCER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS	10750 SE FEDERAL HWY.	
2.4 CITY-ST-ZIP	HOBOKEN NJ 07030-4920	
3.1 TITLE	S. Aiden Tate	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P.O. Box 7561	
3.3 STREET ADDRESS	1480 SE Colchester Cr	
3.4 CITY-ST-ZIP	Pt. St. Lucie FL 34985 34952	
4.1 TITLE	Karen Hovis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	907 Central Parkway	
4.3 STREET ADDRESS	STUART FL 34994	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tony Barletta	
5.3 STREET ADDRESS	2881 SE OCEAN BLVD	
5.4 CITY-ST-ZIP	227 SW Monterey Rd	
5.5 CITY-ST-ZIP	STUART FL 34994 34996	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 REQUIRED

7/23/97 (501) 281-0202

CR2E037 (4/97)