FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004815 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
5999 CENTRAL AVENUE SUITE 400 ST. PETERSBURG FL 33710	5999 CENTRAL AVENUE SUITE 400 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:
4. FEI Number: ☑ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FRASER, JOHN W
5999 CENTRAL AVENUE
SUITE 400
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	11 TITLE	☐ Change ☐ Addition
NAME	FRASER, JOHN W	12 NAME	
STREET ADDRESS	9974 LAKE SEMINOLE DRIVE, EAST	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SALTZMAN, DAVID A	22 NAME	
STREET ADDRESS	12062 S.W. 117TH COURT, #102	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LIPSCH, RAYMOND E	32 NAME	
STREET ADDRESS	P. O. BOX 2605 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34664-2605	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STEVENS, JIM	42 NAME	
STREET ADDRESS	24761 U. S. HIGHWAY 19 NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOFFER, ELLYN	52 NAME	
STREET ADDRESS	3200 NORTH MILITARY TRAIL, #410	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DOMEIER, JOHN H	62 NAME	
STREET ADDRESS	5201 WEST KENNEDY BLVD., SUITE 531	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	64 CITY-ST-ZIP	

$2/3

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: J. F. Stevens J. F. STEVENS 1/30/95 $13726.12-12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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