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May 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 # **N94000004815 (6)**

1. Corporation Name
FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
5255 N. FEDERAL HWY. 2ND FLOOR BOCA RATON FL 33487	5255 N. FEDERAL HWY. 2ND FLOOR BOCA RATON FL 33487-4901

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: APPLIED FOR 65-0605904 ☐ 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

HOFFER, ELYNN G.
5255 N. FEDERAL HWY.
2ND FLOOR
BOCA RATON FL 33487

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 _____ 4/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GROSSMAN, WILLIAM		1.2 NAME	Ray Lipsch	
STREET ADDRESS	7990 SW 177TH AVE.		1.3 STREET ADDRESS	1400 8TH AVE DR. WEST	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	P/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIPSCH, RAYMOND		2.2 NAME		
STREET ADDRESS	1400 8TH AVE. DR. WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-ST-ZIP		
TITLE	T/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOFFER, ELYNN		3.2 NAME		
STREET ADDRESS	5255 N. FEDERAL HWY. 2ND FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP		
TITLE	D/V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, SCOTT		4.2 NAME		
STREET ADDRESS	2891 CENTER POINT DR. STE. 207		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33906		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, JAMES		5.2 NAME		
STREET ADDRESS	24761 US 19 NORTH # 660		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623		5.4 CITY-ST-ZIP		
TITLE	D/V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LINDER, BARBARA		6.2 NAME		
STREET ADDRESS	5364 EHRICH RD., #34		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED 4/29/97 561-994-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039725