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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 09/26/1994

4. FEI Number: 65-0605904 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ 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	P	☒ DELETE	1.1 TITLE	Past President D	☒ Change ☐ Addition
NAME	LIPSCH, RAY		1.2 NAME	LIPSCH, RAY	
STREET ADDRESS	1400 8TH AVE DR WEST		1.3 STREET ADDRESS	1400 8th ave dr west	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	bradenton, fl 34205	
TITLE	P/D	☒ DELETE	2.1 TITLE	President P/D	☒ Change ☐ Addition
NAME	LIPSCH, RAYMOND		2.2 NAME	Scott Robertson	
STREET ADDRESS	1400 8TH AVE. DR. WEST		2.3 STREET ADDRESS	2891 Center pT. Drive	
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-ST-ZIP	Ft. Myers, FL 33906	
TITLE	T/D	☐ DELETE	3.1 TITLE	First Vice Pres. V/D	☐ Change ☒ Addition
NAME	HOFFER, ELYNN		3.2 NAME	TONY LAMPERT	
STREET ADDRESS	5255 N. FEDERAL HWY. 2ND FLOOR		3.3 STREET ADDRESS	P.O. Box 14457 636 N. US Highway One	
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE	D/V	☒ DELETE	4.1 TITLE	Second Vice Pres. D/V	☐ Change ☒ Addition
NAME	ROBERTSON, SCOTT		4.2 NAME	c/o Guardian Daniel Justice	
STREET ADDRESS	2891 CENTER POINT DR. STE. 207		4.3 STREET ADDRESS	899 W. Cypress Creek Rd. #902	
CITY-ST-ZIP	FT. MYERS FL 33906		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D/V	☒ DELETE	5.1 TITLE	Treasurer T/D	☐ Change ☐ Addition
NAME	LINDER, BARBARA		5.2 NAME	Elynn Hoffer	
STREET ADDRESS	5364 EHRICH RD., #34		5.3 STREET ADDRESS	5255 N. Federal Hwy 2nd Floor	
CITY-ST-ZIP	TAMPA FL 33625		5.4 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		☐ DELETE	6.1 TITLE	Secretary S/D	☐ Change ☒ Addition
NAME			6.2 NAME	Ann Currie	
STREET ADDRESS			6.3 STREET ADDRESS	3405 Winkler Ave #207	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft Myers, FL 33916	

CR2E037 (10/97)

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: [illegible] REQUIRED 3-13-98 561994-0880