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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004815**

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

2. Principal Place of Business
21 400 E Hwy 436 #208
22 Suite, Apt. #, etc.
23 City & State: Casselberry FL
24 Zip: 32707 25 Country: Seminole

2a. Mailing Address
26 400 E Hwy 436
27 Suite, Apt. #, etc. #208
28 City & State: Casselberry FL
29 Zip: 32707 30 Country: Seminole

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Barbara Coggins
82 Street Address (P.O. Box Number is Not Acceptable): 400 E Hwy 436 #208
83
84 City: Casselberry FL 85 Zip Code: 32707

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] Barbara Coggins DATE: 3/31/99
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	P	☐ Change ☒ Addition
NAME	LIPSCH, RAY		1.2 NAME	Robertson, Scott	
STREET ADDRESS	1400 8TH AVE DR WEST		1.3 STREET ADDRESS	2891 Center Point Dr	
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-ST-ZIP	Ft Myers FL 33406	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, SCOTT		2.2 NAME		
STREET ADDRESS	2891 CENTER POINT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33406		2.4 CITY-ST-ZIP		
TITLE	T/D	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	HOFFER, ELYNN		3.2 NAME	Barbara Coggins	
STREET ADDRESS	5255 N. FEDERAL HWY. 2ND FLOOR		3.3 STREET ADDRESS	400 E Hwy 436 #208	
CITY-ST-ZIP	BOCA RATON FL 33467		3.4. CITY-ST-ZIP	Casselberry FL 32707	
TITLE	DVP	☒ DELETE	4.1 TITLE	DVP	☐ Change ☒ Addition
NAME	JUSTICE, DANIEL		4. 2 NAME	Hoffer Elynn	
STREET ADDRESS	899 W CYPRESS CREEK RD, #902		4.3 STREET ADDRESS	798 NW 6th Dr	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		4.4 CITY-ST-ZIP	Boca Rato FL 33486	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURRIE, ANN		5.2 NAME		
STREET ADDRESS	3405 WINKLER AVE, #207		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33916		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Barbara Coggins 3/31/99 407-834-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #