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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032652 (5)**

1. Corporation Name

FLORIDA LIFE & HEALTH BROKERAGE, INC.



Principal Place of Business ALTAMONTE PROFESSIONAL CENTER 452 OSCEOLA ST SUITE 104 ALTAMONTE SPRINGS FL 32701 US	Mailing Address ALTAMONTE PROFESSIONAL CENTER 452 OSCEOLA ST SUITE 104 ALTAMONTE SPRINGS FL 32701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HABIB, MAZE
692 G SABAL PALM CR
ALTAMONTE SPRINGS FL 32701**

81 Name

HABIB, MAZE

82 Street Address (P.O. Box Number is Not Acceptable)

681 Sabal Palm Circle

83

84

Altamonte Springs FL

85

Zip Code

32701

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

Maze Habib

MAZE HABIB, PRESIDENT.

1/30/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HABIB, MAZE**
STREET ADDRESS **692 G SABAL PALM CR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VP** ☐ DELETE

NAME **GALESKI, EDWARD W**
STREET ADDRESS **1221 LEE RD #207**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **HABIB, MAZE**
1.3 STREET ADDRESS **681 Sabal Palm Circle**
1.4 CITY-ST-ZIP **Altamonte Springs FL 32701**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maze Habib

MAZE HABIB, PRESIDENT.

1/30/98

834-4977

CR2E034 (10/97)