FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000032652**1. Corporation Name

FLORIDA LIFE & HEALTH BROKERAGE. INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90006 038 *** 150.00

LOUIDA	THE WILLIAM DIGITAL									
Principal Place	e of Business	Mailing Address	5						,	
ALTAMONTE PROFESSIONAL CENTER		ALTAMONTE PROFESSIONAL CENTER								
452 OSCEOLA ST SUITE 104		452 OSCEOLA ST SUITE 104			DO NOT WRITE IN THIS SPACE					
	PRINGS FL 32701	ALTAMONTE SPI	RINGS FL 32701					JPACE		
US		US				3. Date Incorporated or Qualifed				
						04/10/1996				
Principal Place of Business 2a. Mailing Address			ress			4. FEI Number			lied For	
11		26				59-3382470	_,_		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
		27					Fee Req			
City & Stat		City & State	•			6. Election Campaign Financing		\$5.00 N	,	
3		28			Trust Fund Contribution Added to Fees					
Zip Silver Country 3		Zip	Zip Country			8. This corporation owes the current year Intangible				
4 25		29 30				Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent		L.		10. Name and Address of New	Registered A	gent		
	FERRENCE CONTROL OF THE			81	Name .					
HAB	IB, MAZE			82	Street Addre	ss (P.O. Box Number is Not Accep	able)			
681	SABAL PALM CIRCLE			02	Street Addre	iss (F.O. DOX Hambal to Hot Fiscop				
ALT/	AMONTE SPRINGS FL 32701			83				,		
								85 Zip C	ndo	
				84	City	•	FL	85 Zip C	oue	
office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with and accept the obligations of the obligation of the state of the obligation of the obl	tions of, Section 607	.0505, Florida 5	laiules.	the corporation		pt the appoin	tment as reg	istered	=
40		ID DIRECTORS		3.	agnatore required	ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12	á
12.	· · · · · · · · · · · · · · · · · · ·			1 TITLE				☐ Change	Addition	7
TITLE	P AMAZE	. ب	1	2 NAME	1	•			ì	3
NAME MAY	HABIB, MAZE			1.3 STREET ADDRESS						ຼີ
STREET ADDRESS										2
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			1.4 CITY-ST-ZIP		1.4		Change	Addition	Č
TITLE	- I			1					ı	
NAME .	GALESKI, EDWARD W		2.2 N		1				ļ	,
STREET ADDRESS 1221 LEE RD #207					ADDRESS	•				l
CiTY-ST-ZIP	ORLANDO FL		-	2. 4 CITY-ST-ZIP				Change	Addition	l
TITLE ,		·		1 TITLE	.			Change	LJ AGGIGGE	l
NAME				3.2 NAME						
STREET ADDRESS	STREET ADDRESS		3.3 STREET ADDRESS		ADDRESS				1 100	
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,			4. CITY-S	T-ZIP				7 7 4 4 4 4	ĺ
TITLE				1 TITLE				Change	Addition	1.
NAME .		The state of the s	कर्षा है कि विकेश	2 NAME						
STREET ADDRESS	3		. 4	3 STREET	ADDRESS					l
CITY-ST-ZIP			. 4	4 CITY-\$	T-ZIP					l
TITLE			DELETE 5	1 TITLE				Change	☐ Addition	ļ
NAME			5	2 NAME	ļ					ĺ
			5	3 STREET	ADDRESS	·				
STREET ADDRESS	Probabilities a serie Color	$v_{ij} \in \mathcal{C}$	5	4 CITY-S	T-ZIP	•		•		
CITY-ST-ZIP	1									
TITLE	7 11 2 41 42 6	ar ar ar area		1 TITLE				☐ Change	☐ Addition	1
*****			DELETE 6	1 TITLE 2 NAME				☐ Change	☐ Addition	
NAME			DELETE 6	2 NAME	FADORESS			Change	Addition	
NAME STREET ADDRESS	3 - 1		DELETE 6 6	2 NAME	ADDRESS		·	Change	☐ Addition	

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, with all other like empowered.