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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070660 (1)

FOUNDATION OWNED LIFE INSURANCE, INC.

FILED Feb 04 1998 8:00am Secretary of State



N. O'Con Addison							
Principal Place of Business Mailting Address							
400 N. ASHLEY DR. Suite 3025 Tampa Fl. 33602		400 N. ASHLEY DR. Suite 3025 Tampa Fl. 33602				DO NOT WRITE IN THIS S	SPACE
IMMER EC 330	w.	Inmin 12 0000				 Date Incorporated or Qualified 08/26/1996 	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21	<u></u>	26				59-3401425	Not Applicable
Suite, Apt.	F, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23	28		T	Country		Trust Fund Contribution	Added to Fees
Zip	Country	Zιp	├ ──┐	ıntry		8. This corporation owes or has paid the curr	rent year Intangible ☐ Yes ☐ No
24	25	29	30	т.		Personal Property Tax due June 30. 10. Name and Address of New Registered A	
	g, Name and Address of Curre	iii uadistelag waalii		81	Name	10. Halle alla Addiesa of Non Hogistoria	Ngoin
BORAWSKI, JOHN R				"	140110		
	N. ASHLEY DRIVE			82 Street Address (fress (P.O. Box Number is Not Acceptable)	
	1E 3025			83			
TAN	IPA FL 33602			63			
				84	City	FL	85 Zip Code
				1_1			ahangian ita ragistarad
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Signature typed or printed rising of registered agent and title if up-tile either (NOTE: Registered Agent signature required when reinstating) DATE							
12.		ID DIRECTORS	13.	J rigin	n signature reco	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE			T		☐ Change ☐ Addition
NAME	BORAWSKI, JOHN R		1.2 N	AME			
STREET ADDRESS	ARA AL ARAM BU DO GILLOW ARAD		1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	PALANA PLANASA		1.4 CITY				
TITLE	DELETE 2.1			·		Change Addition	
NAME	_		2.2 N	2.2 NAME			
STREET ADDRESS			: 2.3 STREET ADDRES		ADDRESS		
CITY-ST-ZIP			2.40		1 - 7/P		
TITLE		DELETE					Change Addition
NAME			3.2 N	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE			411				Change Addition
NAME			4.21	NAME			
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP			4.4 0	HY-SI	r - ZIP		
TITLE		DELETE	5.1 TITLE				Change Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$	TREET	ADDRESS		
CITY-ST-ZIP				ITY-ST			
TITLE	<u> </u>	DELETE	6.171				Change Addition
NAME			62 N				i
STREET ADDRESS					ADDRESS		
			6.4 CITY-ST-ZIP				
CITY-ST-ZIP		To all 1 (9)	0.40	-11-31		Coation 110 07/2)(i) Florida Statutas I further ca	rtifu that the information

4. I hereby certify that the information supplied with this filing cloes 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 eath; that I am an officer or director of the corporation to 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 change or on an attachment with an address.

1/29/98 817-221-2400