FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V68172 (8)

1. Corporate Name

PROVENCE LIFE, INC.

Principal Place of Business	Mailing Address
217 WORTH AVENUE PALM BEACH FL 33480	217 WORTH AVENUE PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 21 VIA MIZNER	26 21 VIA MIZNER
Suite, Apt. #, etc. 22 WORTH AVE	Suite, Apt. #, etc. 27 WORTH AVE.
City & State 23 PALM BEACH, FL	City & State 28 PALM BEACH, FL
Zip 24 33480 County 25 PALM BEACH	Zip 29 33480 County 30 PALM BEACH

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 08/04/1994
4. FEI Number: 65-0362412 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LLOYD, ISABELLE 244 "B" WORTH AVENUE PALM BEACH FL 33480	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 21 VIA MIZNER, WORTH AVE. 83 84 City: PALM BEACH FL 85 Zip Code: 33480

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 ... 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VS NAME: ~~LEHMANN-CHARLEY, DAN~~ STREET ADDRESS: ~~3015 WASHINGTON RD~~ CITY-ST-ZIP: ~~WEST PALM BEACH FL~~	☒ Change ☐ Addition TITLE: PRESIDENT NAME: ISABELLE LLOYD STREET ADDRESS: 21 VIA MIZNER, WORTH AVE. CITY-ST-ZIP: PALM BEACH, FL 33480
TITLE: PT NAME: ~~LEHMANN-CHARLEY, JOSETTE~~ STREET ADDRESS: ~~3015 WASHINGTON RD~~ CITY-ST-ZIP: ~~WEST PALM BEACH FL~~	☒ Change ☐ Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Isabelle N. Lloyd 4/28/95 (407) 835-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0274920 CP