

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

FILED
Apr 15 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 # 856557 (4)
 1. Corporation Name
THE HARVEST LIFE INSURANCE AGENCY, INC.



Principal Place of Business 6277 SEA HARBOR DR 5TH FLR ORLANDO FL 32887 US	Mailing Address 6277 SEA HARBOR DR 5TH FLR ORLANDO FL 32887 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 610 Crescent Executive Ct Suite, Apt. #, etc. 22 Suite 400 City & State 23 Lake Mary, FL Zip 24 32746		2a. Mailing Address 26 PO Box 956004 Suite, Apt. #, etc. 27 City & State 28 Lake Mary, FL Zip 29 32795-6004		3. Date Incorporated or Qualified 05/27/1983	
4. FEI Number 34-1331892		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRVP STIFF, GEOFFREY S 001 UNION ST SEATTLE WA 98101	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	700 Main Street, Lynchburg, VA 24505
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VS WORTHMAN, BETH 6277 SEA HARBOR DR. ORLANDO FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	610 Crescent Executive Ct., Suite 400 Lake Mary, FL 32746
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P LARSON, RICHARD K 6277 SEA HARBOR DR. ORLANDO FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	Pam S. Schutz 610 Crescent Executive Ct., Suite 400 Lake Mary, FL 32746
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T HUGUNIN, JEFFREY I. 001 UNION ST SEATTLE WA 98101	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	6604 W. Broad St. Richmond, VA 23230
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP EDMONDS, PATRICK L 6277 SEA HARBOR DR. ORLANDO FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	610 Crescent Executive Ct., Suite 400 Lake Mary, FL 32746
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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  Beth Wortman 4/10/98 (407) 894 7000

CR2E034 (10/97)