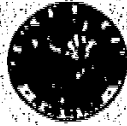


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000558 (8)

1. Corporation Name
SUCCESS IN L.I.F.E., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 2662 LARGO FL 34649-2662 US **P.O. BOX 2662 LARGO FL 34649-2662 US**

3. Date incorporated or Qualified **12/03/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3156969** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LARSON, HERBERT W PA
PINEBROOK BUSINESS CENTER
7381-114TH AVE. N. STE. #408
LARGO FL 34698**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMRNS, LINDA	1.2 NAME	KEMRNS LINDA
STREET ADDRESS	10101 SAILWINDS S #105	1.3 STREET ADDRESS	10101 SAILWINDS S #105
CITY - ST - ZIP	LARGO FL 34643	1.4 CITY - ST - ZIP	LARGO FL 34643
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JOHN M	2.2 NAME	RESIGNED
STREET ADDRESS	106 S. MATANDRAS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, WILDRED M	3.2 NAME	LARSON WILDRED M
STREET ADDRESS	11518 HARBORSIDE CIR. N.	3.3 STREET ADDRESS	11518 HARBORSIDE CIR. N.
CITY - ST - ZIP	LARGO FL 34643	3.4 CITY - ST - ZIP	LARGO FL 34643
TITLE	D	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, ELIZABETH J	4.2 NAME	ROWE ELIZABETH J
STREET ADDRESS	8350 SAVANNAH TRACC #108	4.3 STREET ADDRESS	1613 FRUITWOOD DR
CITY - ST - ZIP	TAMPA FL 33615	4.4 CITY - ST - ZIP	CLACKAMACK FL 34616
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, JANET M	5.2 NAME	
STREET ADDRESS	5265 E. BAY DR., #723	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34626	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGSBY, RON	6.2 NAME	BIGSBY RON
STREET ADDRESS	12121 VONN RD.	6.3 STREET ADDRESS	657 FAIRWOOD FOREST DR
CITY - ST - ZIP	LARGO FL 34644	6.4 CITY - ST - ZIP	CLEARWATER FL 34619

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Elizabeth Rowe J. ELIZABETH ROWE 4/18/95
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #
DIRECTOR