

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000558 (8)**

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



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

3. Date Incorporated or Qualified: **12/03/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-3156969**
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
**LARSON, HERBERT W PA
PINEBROOK BUSINESS CENTER
7381-114TH AVE. N. STE. #406
LARGO FL 34698**

10. Name and Address of New Registered Agent (81-85)
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEARNS, LINDA	
STREET ADDRESS	10101 SAILWINDS S #105	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARSON, MILDRED M.	
STREET ADDRESS	11518 HARBORSIDE CIR. N.	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, ELIZABETH J	
STREET ADDRESS	1613 FRUITWOOD DR.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWEET, JANET M	
STREET ADDRESS	5265 E. BAY DR., #723	
CITY - ST - ZIP	CLEARWATER FL 34626	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGSBY, RON	
STREET ADDRESS	657 FAIRWOOD FOREST DR.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	BIGSBY RON		
5.3 STREET ADDRESS	PO BOX 4011		
5.4 CITY - ST - ZIP	CLEARWATER FL		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: S. Elizabeth Rowe J. Elizabeth Rowe Director 3/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)