

FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33779-2662 US
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3. Date Incorporated or Qualified 12/03/1992	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3156969	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	P.O. BOX 4011 N/A
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

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHUER STAVC
1.3 STREET ADDRESS	1381 CHESTNUT DR
1.4 CITY-ST-ZIP	CLEARWATER FL 34616
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHUER LINDA
2.3 STREET ADDRESS	1381 CHESTNUT DR
2.4 CITY-ST-ZIP	CLEARWATER FL 34616
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROWE, ELIZABETH J
3.3 STREET ADDRESS	1751 WOODRIDGE DR
3.4 CITY-ST-ZIP	CLEARWATER FL 34616
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002122760
6.3 STREET ADDRESS	-03/24/97--01200--010
6.4 CITY-ST-ZIP	***61.25

14. I do 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 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* **S. Elizabeth Rowe** DIRECTOR 3/16/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052064

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