04061999-90065-037-$61.25-$61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90065 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000206

1. Corporation Name

LIFEWORKS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1031 W MORSE BLVD. SUITE 200 WINTER PARK FL 32789	1031 W MORSE BLVD. SUITE 200 WINTER PARK FL 32789

2. Principal Place of Business 21 1850 Cee Road	2a. Mailing Address 26 PO Box 1512	3. Date Incorporated or Qualified 01/13/1998
Suite, Apt. #, etc. 22 # 323	Suite, Apt. #, etc. 27	4. FEI Number 59-3562173 ☐ Applied For ☐ Not Applicable
City & State 23 Winter Park, FL	City & State 28 Winter Park FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32789 Country 25 USA	Zip 29 32790-1512 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHUFFIELD, W. CHARLES 315 E ROBINSON ST, SUITE 600 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	EDDY, CARSON L		1.2 NAME	P
STREET ADDRESS	1031 W MORSE BLVD, SUITE 200		1.3 STREET ADDRESS	RAIN, Clinton D.
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	2150 Greystone Trail ORLANDO, FL 32818
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLINGHAM, JAMES E		2.2 NAME	
STREET ADDRESS	2900 MONOCO CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIANO, JOSEPH A		3.2 NAME	
STREET ADDRESS	P O BOX 951479 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32795		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME			4.2 NAME	D
STREET ADDRESS			4.3 STREET ADDRESS	RAIN, MAY
CITY-ST-ZIP			4.4 CITY-ST-ZIP	5287 Lighthouse Rd. Orlando, FL 32808
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clinton Rain SIGNATURE REQUIRED 4-1-99 (407) 647-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #