

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sgt. SA H. Murrain
Director of State
1111 W. W. C. Ruffalo Building

FILED
SECRETARY OF STATE
950317 PM 3:18

DOCUMENT # P94000076247 (3)

1. Corporation Name
LIFE EXTENSION SERVICES, INC.

Principal Place of Business: **621 NW 53 STREET SUITE 230 BOCA RATON FL 33487-8211**
Mailing Address: **621 NW 53 STREET SUITE 230 BOCA RATON FL 33487-8211**

DATE FEE WORTHY IN THIS STATE

2. Principal Place of Business: **621 NW 53 STREET SUITE 230 BOCA RATON FL 33487-8211**
2a. Mailing Address: **P.O. Box 811852 BOCA RATON FL 33481-1852**
2b. City & State: **BOCA RATON FLORIDA**
2c. Zip: **33481-1852** Country: **USA**
2d. City: **BOCA RATON** State: **FL** Zip Code: **33481**

3. Date this Report is Due: **10/17/1994**
3a. Filing Fee: **\$8.75 Additional Fee Required**
4. FFL Number: **65-0532777**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution:
8. The corporation has liability for intangible tax under 19 USC 102: Yes No

9. Name and Address of Current Registered Agent
**THALER, SAMUEL S
621 NW 53 STREET SUITE 230
BOCA RATON FL 33487-8211**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 City: _____
B4 State: **FL** B5 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]*
Date: **2/20/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	THALER, SAMUEL S
STREET ADDRESS	621 NW 53 STREET SUITE 230
CITY, ST, ZIP	BOCA RATON FL 33487-8211
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and is true and correct for the reasons stated in Section 111.022(4)(a), Florida Statutes. I further certify that the information included 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. But I am not liable or at risk for the corporation or the receiver or trustee responsible to compile the report as required by Chapter 111, Florida Statutes, and that my name appears on this Form 12 or this Form 13 of change of officers and directors with an affidavit.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/20/95 (305) 772-1156