

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080626 (2)

1. Corporation Name
LIFETIME OF POMPANO, INC.



Principal Place of Business: **550 SW 3RD ST SUITE 101 POMPANO BEACH FL 33060**
Mailing Address: **550 SW 3RD ST SUITE 101 POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified: **11/01/1994** 3a. Date of Last Report: **03/13/1995**
4. FEI Number: **05-0201317 65-0530432** Applied For: Not Applicable
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES INC
201 S BISCAYNE BLVD
MIAMI CENTER SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **DANIEL COHEN**
82 Street Address (P.O. Box Number is Not Acceptable): **550 SW 3RD ST SUITE 101**
83 **POMPANO BEACH FL**
84 **FL** 85 Zip Code: **33060**

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: *Daniel Cohen* **DANIEL COHEN V/S** **4/17/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRAYND, GERMAN MD	
STREET ADDRESS	1380 MIAMI GARDENS DR SUITE 210	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	A/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	550 S.W. 3RD ST. SUITE 101	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	V/S	
2.2 NAME	COHEN, DANIEL	
2.3 STREET ADDRESS	550 S.W. 3RD ST SUITE 101	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel Cohen* **DANIEL COHEN** **4/17/96** **(305) 782-0600**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)