

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000054135 (5)**  
1. Corporation Name  
**HANDICAPPED & ELDERLY LIFE PRODUCTS, INC.**



Principal Place of Business <b>777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401</b>	Mailing Address <b>777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401-6161</b>
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3. Date Incorporated or Qualified <b>07/12/1995</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business 21 <b>241 Bradley Place</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>241 Bradley Place</b> Suite, Apt. #, etc.
22 City & State <b>Palm Beach, FL</b>	27 City & State <b>Palm Beach, FL</b>
23 Zip <b>33480</b> Country <b>US</b>	28 Zip <b>33480</b> Country <b>US</b>

4. FEI Number <b>65-0611388</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>YES</b>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**CHAUNCEY, HARRISON K JR.  
777 SOUTH FLAGLER DRIVE  
SUITE 200  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name <b>Harrison K. Chauncey, Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>241 Bradley Place</b>
83
84 City <b>Palm Beach</b>
85 State <b>FL</b>
Zip Code <b>33480</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAUNCEY, HARRISON K JR.</b>	
STREET ADDRESS	<b>777 SOUTH FLAGLER DRIVE, SUITE 200</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33401</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>241 Bradley Place</b>
14 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:  **4/17/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)