

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000054135 (5)
 1. Corporation Name
HANDICAPPED & ELDERLY LIFE PRODUCTS, INC.



Principal Place of Business: **241 BRADLEY PLACE, PALM BEACH FL 33480, US**
 Mailing Address: **241 BRADLEY PLACE, PALM BEACH FL 33480, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-29)

3. Date Incorporated or Qualified: **07/12/1995**
 4. FEI Number: **65-0611388**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
CHAUNCEY, HARRISON K JR.
241 BRADLEY PLACE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent (81-85)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/S
NAME	CHAUNCEY, HARRISON K JR.	1.2 NAME	
STREET ADDRESS	241 BRADLEY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	P/T
NAME		2.2 NAME	RICHARD KING
STREET ADDRESS		2.3 STREET ADDRESS	241 Bradley Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		3.1 TITLE	D
NAME		3.2 NAME	SANDRA T. KAUPE
STREET ADDRESS		3.3 STREET ADDRESS	1185 N Lake Way
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		4.1 TITLE	D
NAME		4.2 NAME	JAMES D. BISHOP, SR.
STREET ADDRESS		4.3 STREET ADDRESS	241 BRADLEY Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if handwritten, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/24/98** **561 833-3001**

CP2E034 (10/97)