

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

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90112 033 ***150.00



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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P97000021469

1. Corporation Name
LIFE SPAN, INC.



Principal Place of Business Mailing Address
~~3701 W. PLATT~~ **3836 W. NEPTUNE ST.** ~~3701 W. PLATT~~ **NEPTUNE ST.**
 TAMPA FL ~~33609~~ **33629** TAMPA FL ~~33609~~ **33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3836 W. Neptune Street		26 3836 W. Neptune Street		03/07/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Tampa, FL		28 Tampa, FL		59-3434749	
24 33629		29 33629		Applied For	
25 U.S.A.		30 U.S.A.		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
TONARELLI, DAVID V				<input type="checkbox"/>	
3701 W. PLATT 3836 W. Neptune Street				\$8.75 Additional Fee Required	
TAMPA FL 33609 33629				6. Election Campaign Financing	
				<input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TONARELLI, DAVID V				81 Name			
3701 W. PLATT 3836 W. Neptune Street				82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33609 33629				83			
				84 City			
				FL			
				85 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 _____ 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONARELLI, DAVID V		1.2 NAME	TONARELLI, DAVID V.	
STREET ADDRESS	730 STERLING AVE STE 108		1.3 STREET ADDRESS	3836 W. Neptune Street	
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-ST-ZIP	Tampa FL 33629	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	DVP/ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	BORDAS, FRANK	
STREET ADDRESS			2.3 STREET ADDRESS	3836 W. Neptune Street	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: [Signature] **2-2-99** **813**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **254-4330**

CR2E034 (1/98)