


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90136 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000060124**

1. Corporation Name  
**LIFE INFUSIONS, INC.**



Principal Place of Business <del>7901 LA MIRANDA DRIVE</del> <del>BOCA RATON FL 33433</del>	Mailing Address <del>7901 LA MIRANDA DRIVE</del> <del>BOCA RATON FL 33433</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2875 Via Venezia</b> Suite, Apt. #, etc. <b>Deerfield Beach, FL</b> City & State <b>33442</b> Zip Country		2a. Mailing Address 26 <b>2875 Via Venezia</b> Suite, Apt. #, etc. <b>Deerfield Beach, FL</b> City & State <b>33442</b> Zip Country		3. Date Incorporated or Qualified <b>07/08/1998</b>	4. FEI Number <b>65-0847826</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>Deerfield Beach, FL</b>		27 <b>Deerfield Beach, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>	
23 <b>33442</b>		28 <b>33442</b>		6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
24 <b>33442</b>		29 <b>33442</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>COLEMAN, ANTHONY G JR</b> <del>7901 LA MIRANDA DRIVE</del> <del>BOCA RATON FL 33433</del> <i>2875 Via Venezia</i> <i>Deerfield Beach, FL</i> <i>- 33442 -</i>				81 Name <i>M/G</i>	10. Name and Address of New Registered Agent	
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	<b>FL</b>	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 re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPIEKER, MARY</b>		1.2 NAME	<b>Spieker, Mary</b>	
STREET ADDRESS	<del>7901 LA MIRANDA DRIVE</del> <i>2875 Via Venezia</i>		1.3 STREET ADDRESS	<b>2875 Via Venezia</b>	
CITY-ST-ZIP	<del>BOCA RATON FL 33433</del> <i>Deerfield Beach, FL</i>		1.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>	
TITLE	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<i>33442</i>		2.4 CITY-ST-ZIP		
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: *Mary K Spieker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/99* *954-427-3123*  
Date Daytime Phone #

CR2E034 (11/98)