

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S51450** (2)

1. Corporation Name

LIFE SOURCE ENGINEERING, INC.



Principal Place of Business

12723 82ND TERRACE NORTH
SEMINOLE FL 34646

Mailing Address

P.O. BOX 3153
SEMINOLE FL 34645-0153
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

ROWE, JAMES C
100 2ND AVENUE SOUTH
CITY CENTER - 400N
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.067 and 607.150, 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. The corporation hereby appoints the person named as its registered agent. I am familiar with, and accept the duty imposed by Section 607.067, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAGGERLY, PRESTON S.	
STREET ADDRESS	12723 82ND TERRACE, N	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRIOLA, VINCENT C.	
STREET ADDRESS	29606 LAKEFOREST DR.	
CITY-STATE-ZIP	SUN CITY AZ	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BAGGERLY, DIANE M.	
STREET ADDRESS	12723 82ND TERRACE, N	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 OFFICE	
15 STREET ADDRESS	
16 CITY-STATE-ZIP	34646
17 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	85373
21 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	34646
25 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	
29 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY-STATE-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 correct, 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 authorized or trusted employee 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 each alternative with an address.

SIGNATURE: *Diane M. Baggerly, Sec/Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 813-393-5886

CR2E034 (12/95)