

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 742057 (3)

1. Corporation Name

FOUNTAINS LIFE FOUNDATION, INC.

Principal Place of Business

4615 SOUTH FOUNTAINS DRIVE
LAKE WORTH FL 33467

Mailing Address MEYER MILLER
6781 VERSAILLES COURT
LAKE WORTH FL 33467

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FREEMAN, PHILLIP
5416 SAN ROMA CIRCLE
LAKE WORTH FL 33467

MILLER, MEYER
6781 VERSAILLES CT
LAKE WORTH FL
33467

3. Date Incorporated or Qualified

03/03/1978

4. FEI Number

59-1819399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME MILLER, MEYER
STREET ADDRESS 6781 VERSAILLES COURT
CITY-ST-ZIP LAKE WORTH FL

TITLE NAME ☒ DELETE

NAME BERMAN, JACK
STREET ADDRESS 4387 TREVI COURT
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE NAME ☒ DELETE

NAME COHN, MARVIN
STREET ADDRESS 4703 ESEDRA CT.
CITY-ST-ZIP LAKE WORTH FL

TITLE NAME ☒ DELETE

NAME SCHNITT, ALBERT
STREET ADDRESS 4682 FOUNTAINS DR. S.
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE NAME ☒ DELETE

NAME FREEMAN, PHILIP
STREET ADDRESS 5416 SAN ROMA CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE NAME ☐ DELETE

NAME HUNIC, DONALD
STREET ADDRESS 4656 FOUNTAIN DRIVE S
CITY-ST-ZIP LAKE WORTH FL 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Sep 02 1998 8:00am
Secretary of State

