

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

**FILED**  
**May 01 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 # 408428 (1)**  
 1. Corporation Name  
**LIFEFLEET SOUTHEAST, INC.**



Principal Place of Business <b>12490 ULMERTON ROAD LARGO FL 33774 US</b>	Mailing Address <b>12490 ULMERTON ROAD LARGO FL 33774 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2821 S. Parker Rd.</b>		2a. Mailing Address 26 <b>2821 S. Parker Rd.</b>		3. Date Incorporated or Qualified <b>07/15/1973</b>	
Suite, Apt. #, etc. 22 <b>10th Floor</b>		Suite, Apt. #, etc. 27 <b>10th Floor</b>		4. FEI Number <b>59-1395439</b>	
City & State 23 <b>Aurora, CO</b>		City & State 28 <b>Aurora, CO</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>80014</b>		Country 25 <b>U.S.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 29 <b>80014</b>		Country 30 <b>U.S.</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SILER, ROBERT 12490 ULMERTON ROAD LARGO FL 33774</b>				10. Name and Address of New Registered Agent			
				81 Name <b>CT Corporation System</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>			
				83			
				84 City <b>Plantation</b>		85 Zip Code <b>FL 33324</b>	

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 *Marcia J. Anderson* DATE **4-24-98**  
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	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAINGER, JOHN R</b>			1.2 NAME	<b>John Rester</b>		
STREET ADDRESS	<b>3221 N. SERVICE ROAD</b>			1.3 STREET ADDRESS	<b>1850 Parkway Place #810</b>		
CITY-ST-ZIP	<b>BURLINGTON ON L7R-348</b>			1.4 CITY-ST-ZIP	<b>Marietta, GA 30060</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FORSAYETH, MICHAEL</b>			2.2 NAME	<b>John Rester (acting)</b>		
STREET ADDRESS	<b>3221 N. SERVICE ROAD</b>			2.3 STREET ADDRESS	<b>1850 Parkway Place #810</b>		
CITY-ST-ZIP	<b>BURLINGTON ON L7R-348</b>			2.4 CITY-ST-ZIP	<b>Marietta, GA 30060</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>S/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLYNE, ROBERT H</b>			3.2 NAME	<b>Robert Siler</b>		
STREET ADDRESS	<b>3221 N. SEVICE ROAD</b>			3.3 STREET ADDRESS	<b>12490 Ulmerton Road</b>		
CITY-ST-ZIP	<b>BURLINTON ON L7R-348</b>			3.4 CITY-ST-ZIP	<b>Largo, FL 33774</b>		
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>V/AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILER, ROBERT</b>			4.2 NAME	<b>Paul Anderson</b>		
STREET ADDRESS	<b>12490 ULMERTON ROAD</b>			4.3 STREET ADDRESS	<b>12490 Ulmerton Road</b>		
CITY-ST-ZIP	<b>LARGO FL 33774</b>			4.4 CITY-ST-ZIP	<b>Largo, FL 33774</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<b>V/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	<b>Robert T. Allen</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>2821 S. Parker Rd., 10th Floor</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>Aurora, CO 80014</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<b>V/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	<b>Joshua T. Gaines</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>2821 S. Parker Rd., 10th Floor</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>Aurora, CO 80014</b>		

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.

SIGNATURE: *[Signature]* Vice President 4/20/98

CFR2034 (10/97)

**LifeFleet Southeast, Inc.**

*Continued*

<u>Name</u>	<u>Title</u>	<u>Address</u>
Gino Porazzo	V/AS	2821 S. Parker Road 10 <sup>th</sup> Floor Aurora, CO 80014
Susan Whittaker	AS	669 Airport Freeway Suite 400 Hurst, TX 76053