FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)**NEW LIFE SYSTEMS, INC.** Mailing Address Principal Place of Business 1870 N STATE RD **CORAL SPRINGS FL 33075** DO NOT WRITE IN THIS SPACE MARGATE FL 33063 3. Date Incorporated or Qualified 03/20/1979 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-1980962 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENTOLILA, EDGARD 1870 N STATE RD 7 #116 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 Zip Code City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE BENTOLILA, EDGARD 1.2 NAME NAME 1870 N. STATE ROAD 7, STE 116 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 1.4 CITY - ST - ZIP CITY-ST-ZiP Addition DELETE 2.1 TITLE Change TITLE BENTOLILA. MAXINE 2.2 NAME NAME 1870 N. STATE ROAD 7, STE 116 2.3 STREET ADDRESS STREET ADDRESS MARGATE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE **B.1 TITLE** TITLE

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 suppliemental 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 a

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

BENTALLA

954