

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

FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 622785 (4)  
1. Corporation Name  
LONGEVITY NUTRITION AND LIFESTYLE CENTER, INC.

Principal Place of Business  
P.O. BOX 9863  
FT LAUDERDALE FL 33310-9863  
US

Mailing Address  
P.O. BOX 9863  
FT LAUDERDALE FL 33310-9863  
US



3. Date Incorporated or Qualified 05/23/1979  
3a. Date of Last Report 04/02/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1910284		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSENBERG, RON  
7220 WOODMONT AVE  
TAMARAC FL 33321-9636

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
	NAME	2.1 TITLE	Change Addition
	NAME	2.2 NAME	
	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
	NAME	3.1 TITLE	Change Addition
	NAME	3.2 NAME	
	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
	NAME	4.1 TITLE	Change Addition
	NAME	4.2 NAME	
	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
	NAME	5.1 TITLE	Change Addition
	NAME	5.2 NAME	
	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
	NAME	6.1 TITLE	Change Addition
	NAME	6.2 NAME	
	NAME	6.3 STREET ADDRESS	
	NAME	6.4 CITY-ST-ZIP	

14. I do 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:

*Ron Rosenberg*  
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

*Jan 16 1997*  
Date

Daytime Phone #  
0269655

CR2E034 (9/96)