

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED  
Jul 30 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 732402 (3)**

1. Corporation Name  
**FRIENDS FOR LIFE, INC.**



Principal Place of Business <b>% ANNE SELETSKY 4812 KUMOUAT DRIVE TAMARAC FL 33319</b>	Mailing Address <b>% ANNE SELETSKY 4812 KUMOUAT DRIVE TAMARAC FL 33319</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Ester Rucket</b> Suite, Apt. #, etc. 22 <b>5603 Mulberry Dr.</b> City & State 23 <b>Tamarae, FL</b> Zip 24 <b>33319</b>	2a. Mailing Address 26 <b>Ester Rucket</b> Suite, Apt. #, etc. 27 <b>5603 Mulberry Dr.</b> City & State 28 <b>Tamarae, FL</b> Zip 29 <b>33319</b>
---	--

3. Date Incorporated or Qualified <b>04/09/1975</b>	3a. Date of Last Report <b>03/21/1996</b>
4. FEI Number <b>23-7422280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNIGHT, JAMES E.  
3890 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 617.0503, Florida Statutes.

SIGNATURE Ester Rucket TD  
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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUCKET, ESTER</b>	
STREET ADDRESS	<b>5603 MULBERRY DRIVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HORNE, GERRY S</b>	
STREET ADDRESS	<b>4805 BAY BERRY LANE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PLATZ, GRACE</b>	
STREET ADDRESS	<b>5410 BANYAN LN</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUBER, SYLVIA</b>	
STREET ADDRESS	<b>5200 WOODLAND DR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Ester Rucket **REQUIRED** 1-954-

CR2E037 (4/97)