

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 16 1997 8:00am Secretary of State

DOCUMENT # 735320 (4)

1. Corporation Name HERE'S LIFE, JACKSONVILLE, INC.



Principal Place of Business 8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US

Mailing Address 8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US

3. Date Incorporated or Qualified 03/18/1976 3a. Date of Last Report 06/24/1996

2. Principal Place of Business 21 2a. Mailing Address 26

4. FEI Number 59-1707033 Applied For Not Applicable

22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEZZUTTI, BILL 19266 SILVER OAK DR. JACKSONVILLE FL 32223

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 617.0503, Florida Statutes.

SIGNATURE Bill Pezzutti Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows for Officers and Directors. Columns: Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 4 rows for Additions/Changes to Officers and Directors. Columns: Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Bill Pezzutti REQUIRED 1-23-97 904-448-0787 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000884

CR2E037 (9/96)