

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765878 (4) 1. Corporation Name LIFE EDUCATION CENTER, INC.			
Principal Place of Business 1748 N.E. 36 STREET FT. LAUDERDALE FL 33307		Mailing Address 1748 N.E. 36 STREET FT. LAUDERDALE FL 33307	
2. Principal Place of Business 21 1919 NE 45 ST Suite, Apt. #, etc. 22 Suite 224 City & State 23 FT. LAUDERDALE FL Zip 24 33308		2a. Mailing Address 26 P.O. Box 70404 Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE FL Zip 29 33307	
9. Name and Address of Current Registered Agent MOREHEAD, FLORENCE 263 N. TRADEWINDS AVE. LAUDERDALE BY THE SEA FL FL 33308		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAVERATT, MARY 1748 N.E. 36 STREET FT. LAUDERDALE FL 33307	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OAKLAND PARK FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSIDY, CLAIRE 2157 BATON ROUGE FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FADGEN, JERRY 19 E ACRE DRIVE PLANTATION FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DOROTHY J 1688 NE 34TH LANE OAKLAND PARK FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREHEAD, FLORENCE 263 N. TRADEWINDS AVE LAUD. BY THE SEA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN METER, LARUE 1001 NE 2ND STREET FT. LAUDERDALE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 33301
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Mary Laveratt, Pres/Dire</u> MARY LAVERATT, Pres/Dire. 4/27/98 (954) 7725433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038000			



CR2E037 (10/97)