

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848820 (7)
1. Corporation Name
LIFETRON, INC.



Principal Place of Business: **603 MAIN STREET, P.O. BOX 1100, WINDEMERE FL 34786-8100**
Mailing Address: **603 MAIN STREET, P.O. BOX 1100, WINDEMERE FL 34786-1100, US**

3. Date Incorporated or Qualified: **04/14/1981** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **61-0717101** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 603 Main Street** 2a. Mailing Address: **26 603 Main Street**
Suite, Apt. #, etc.: **22 P.O. Box 1100** Suite, Apt. #, etc.: **27 P.O. Box 1100**
City & State: **23 Windermere, FL** City & State: **28 Windermere, FL**
Zip: **24 34786** Country: **25 USA** Zip: **29 34786** Country: **30 USA**

9. Name and Address of Current Registered Agent

Change 10. Name and Address of New Registered Agent

**DIZNEY, DONALD R
603 MAIN STREET
SUITE 600
WINDEMERE FL 34786**

81 Name: **Dizney, Donald R.**
82 Street Address (P.O. Box Number is Not Acceptable): **603 Main Street**
83
84 City: **Windermere** 85 Zip Code: **FL 34786**

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		
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIZNEY, MICHEAL	
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDEMERE FL	
TITLE	CDS	<input type="checkbox"/> DELETE
NAME	DIZNEY, DONALD R	
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDEMERE FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ENGLISH, JAMES E	
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARKMAN, KEVIN	
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDEMERE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELEHUNT, JANINE	
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, DON	
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDEMERE FL	

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	Cds	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dizney, Donald R.	
2.3 STREET ADDRESS	603 Main St., Windermere, FL	
2.4 CITY - ST - ZIP		
3.1 TITLE	PsD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	English, James E.	
3.3 STREET ADDRESS	603 Main St., Windermere, FL	
3.4 CITY - ST - ZIP		
4.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barkman, Kevin	
4.3 STREET ADDRESS	603 Main St., Windermere, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Janine S. Delehunt Janine S. Delehunt 3/20/96 407-876-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)