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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

848820

(7)

DOCUMENT #
1. Corporation Name

LIFETI	RON, INC.				
Principal Place	of Business	Mailing Address			ı Boli bibli şibli bibli bibli bibli şibli (60)
P.O. BOX 1100 P.O. BOX 1100		WINDEMERE FL 34786	-1100	3. Date Incorporated or Qualified 04/14/1981	3a. Date of Last Report 05/01/1995
2, Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
_	ain Street	26 603 Main St	reet	61-0717101	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
P.O. Box 1100		27 P.O. Box 11	00	5. Certificate of Status Desired	Fee Required
Crty & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
	rmere, FL	28 Windermere,	_FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 34786	9. Name and Address of Curre	29 34786	30 USA		□ No
	9, Name and Address of Curr	виг медавтегео мделт	Change.	10. Name and Address of New F	registered Agent
DITHEV	DONALD D			zney, Donald R.	
DIZNEY, DONALD R 603 MAIN STREET 82 SIGN ACTUAL BERT				zney, Donald R. Hess (P.C. Box Number is Not Acceptable and Street	ole)
			83		
SUITE (63		
WINDER	MERE FL 34786		84 City		85 Zip Code
dd Dawning		00	Winde		FL 34786
11. Pursuant 1 or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flo	J2 and 607.1508, Florida Statute xida. Such change was authoriz:	es, the above-named corpor ed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
familiar wi	th, and accept the obligations of, Se	ction 607.0505, Florida Statutes			
SIGNATURE .					
12.	Signature, typed or printed name of registered age	ont and lifte it applicable. (NO NO DIRECTORS	TE: Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE
TITLE	V	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	DIZNEY, MICHEAL	G	1.2 NAME		
STREET ADDRESS	603 MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP		
THILE	CDS	T DELETE		Ds	K Change Addition
NAME	DIZNEY, DONALD R		-	izney, Donald R.	
STREET AUDRESS	603 MAIN STREET			03 Main St., Winderm	oro FI
CITY-ST-ZIP	WINDERMERE FL		24 CITY-ST-ZIP	os main sc., winger	iere, ri
TITLE	PSD	[] DELETE		sD	★ Change Addition
NAME	ENGLISH, JAMES E		32 NAME F.	nglish, James E.	
STREET ADDRESS	603 MAIN STREET			03 Main St., Winderm	ere W
CITY-S1-ZIP	WINDERMERE FL		3 4 CITY-ST-ZIP	OJ MATH BE., WINGELIN	ere, tr
TITLE	V	☐ DELETE	4.1 TITLE V	S	Change Addition
NAME	Barkman, Kevin			arkman, Kevin	
STREET ADDRESS	603 MAIN STREET		4.0.03.0007.7.40.007.00	03 Main St., Winderm	ero Fi
CITY-ST-ZIP	WINDERMERE FL		4.4 CiTY-ST-ZiP	OS Main St., Winderm	ere, rr
TITLE	T	☐ DELETE	5 1 TITLE		Change Addition
NAME	DELEHUNT, JANINE		5 2 NAME		
STREET ADDRESS	603 MAIN STREET		5.3 STREET ADDRESS		
CITY - ST - ZIP	WINDERMERE FL		5.4 CITY - ST - ZIP		
TrTLE	V	☐ DÉLETE	6 1 TITLE		Change Addition
NAME	GRIFFIN, DON		6.2 NAME		
STREET ADDRESS	603 MAIN STREET		6.3 STREET ADDRESS		
CITY - ST - ZIP	WINDERMERE FL		6.4 CITY - ST - ZIP		
14 Ldo hereb	w certify that the information supplier	s with this filing is voluntarily furn'	ished and does not qualify fo	or the exemption stated in Section 110.	07(3)(k) Florida Statutae I further

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 eath; 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: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Janine S. Delehunt 3/20/96 407-876-2200

Barrier Dayline Phone 8

CR2E034 (12/95)