

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

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
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
61-0717101

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required
☐ \$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

☐ Yes ☒ No

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

DIZNEY, DONALD R
603 MAIN STREET
WINDEMERE FL 34786

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 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME DIZNEY, MICHEAL
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDEMERE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CDS ☐ DELETE
NAME DIZNEY, DONALD R
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDEMERE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PSD ☐ DELETE
NAME ENGLISH, JAMES E
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDEMERE FL

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME Same
3.3 STREET ADDRESS Same
3.4 CITY-ST-ZIP Same

TITLE V ☐ DELETE
NAME BARKMAN, KEVIN
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDEMERE FL

4.1 TITLE V/S ☒ Change ☐ Addition
4.2 NAME Same
4.3 STREET ADDRESS Same
4.4 CITY-ST-ZIP Same

TITLE T ☐ DELETE
NAME DELEHUNT, JANINE
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDEMERE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME GRIFFIN, DON
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDEMERE FL

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sandra B. Mortham

Witness

04/25/96

CR2E034 (9/96)