FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000628 (8)**

1. Corporate Name

MIDLIFE MANAGEMENT, INC.

Principal Place of Business

8840 LAKESIDE CIRCLE
VERO BEACH FL 32963
US

Mailing Address

8840 LAKESIDE CIRCLE
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **02/11/1993**	3a. Date of Last Report: **03/17/1994**
4. FEI Number: **65-0382221**	☐ 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. Does corporation qualify for exemption under s. 220.183, Florida Statutes? ☒ Yes ☐ No	

2. Principal Place of Business — 21 / Sub. Apt. # or Suite — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Sub. Apt. # or Suite — 27 / City & State — 28 / Zip — 29 / County — 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Section 607.0501, 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 duties of the position as set forth in Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTORS

Title	PCD
Name	SIMONSEN, GENE S
Street Address	8840 LAKESIDE CIRCLE
City, St, Zip	VERO BEACH FL
Title	VST
Name	SIMONSEN, VELAUG W
Street Address	8840 LAKESIDE CIRCLE
City, St, Zip	VERO BEACH FL
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	☐ Change ☐ Addition
Name	
Street Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St, Zip	

14. For Profit: I certify that the information supplied with this filing is voluntarily furnished and 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 with an asterisk (*) or an attachment with an address.

SIGNATURE: Gene S. Simonsen 5/1/95 407 234 3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

007A00 CP