

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004010 (5)

1. Corporation Name

LIFELINE MANAGEMENT, INC.

Principal Place of Business

600 CLIFTY ROAD  
P.O. BOX 938  
SOMERSET KY 42502-0938  
US

Mailing Address

600 CLIFTY ROAD  
P.O. BOX 938  
SOMERSET KY 42502-0938  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 04/15/1996
4. FEI Number 61-1101034	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 600 CLIFTY Street	26. 600 CLIFTY Street
22. PO Box 938	27. PO Box 938
23. Somerset KY	28. Somerset KY
24. 42502-0938	29. 42502-0938
25. USA	30. USA

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	WILSON, JAMES T		
	530 HIGHWAY 790		
	BRONSTON KY		
D	RANDALL, JAMES		
	2112 SUNDAY DRIVE		
	SOMERSET KY		
S	SNYDER, EVELYN		
	105 NEWBERN DRIVE #310		
	LEHIGH ACRES FL		
S	FRAZER, JAMES		
	7 STONEEDGE DRIVE		
	MONTICELLO MY		
T	FRAMER, STEWARD		
	76 WOODSDEN BEND		
	BRONSTON KY		
VP	GIRDLER, REBECCA		
	3350 E HWY 452		
	EUBANK KY		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*[Signature]*

9/15/97 606.679.4100

CR2E034 (4/97)