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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004010 (5)

LIFELINE MANAGEMENT, INC.

FILED Sep 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						-	į	***************************************		10 0000 0000 1 610	9411 1691	
600 CLIFTY ROAD 600 CLIFTY ROAD												
P.O. BOX 938 P.O. BOX 938						ļ	DO NOT WRITE IN THIS SPACE					
SOMERSET KY 42502-0938 SOMERSET KY 42502-0938 US					•		ł	3. Date Incorporated or Qualified 3a. Date of Last Repor			Papari	
03			00				ľ	09/01/1993		1/15/1996	івроп	
9 Principal P	lace of Business		2a. Mailing	Address				4. FEI Number			pplied For.	
21 / 00	CI CT	Street	26 600		ry St	1007	/ -	61-1101034		J	ot Applicable	
	#, etc.		Sove A	N # etc -	<u>ال ا</u>	1001		01 1101004			Additional	
22 10 1	20x 938	·	27 FO	30093	38			5. Certificate of Status Desired		Fee Re	equired	
23 50M	erset	KY	28 80 11	erset	· _K'	7		Election Campaign Financin Trust Fund Contribution	g 	•	May Be to Fees	
ZPI	0000	Country	17800	200	Coupte	Δ_		8. This corporation owes or ha	s paid the cu	irrent year In	tangible	
24 4000	20938 25	USA	144 14 1	2.0938	30 US	7		Personal Property Tax due			No .	
9. Name and Address of Current Registered Agent						···		10. Name and Address of New Registered Agent				
	RCE, ROBERT A				81	Name					•	
227 SOUTH CALHOUN STREET						Street A	Addres	s (P.O. Box Number is Not Acce	ptable)			
TALLAHASSEE FL 32301										·		
					83	l 						
•					84	City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								ation submits this statement for t i's board of directors. I hereby a	ne purpose o acept the ap	of changing in pointment as	ts registered registered	
SIGNATURE												
Signature, typed or printed name of registered agont and title if applicable (NOTE: Registere: 12. OFFICERS AND DIRECTORS 13.							required	when reinstating) ADDITIONS/CHANGES TO O	DATE	D DIDECTOR	20 101 40	
12.	D	OFFICENS AND		DELETÉ	13. 1.1 TITLE			ADDITIONS/CHANGES TO O	FFICENS AN	Change	Addition	
\\	WILSON, JAN	JEG T	L	Officir	1.2 NAME	}				- Outsings	Acoulou	
NAME	530 HIGHWA					ADDOCO0						
STREET ADDRESS	BRONSTON I				1.3 STREET							
CITY-ST-ZIP TITLE	Diolision i	<u> </u>		DELETE	1.4 City - 9 2.1 Title	SI - ZIP				Change	Addition	
NAME	RANDALL, JA	MES	L	OLULIL	2.1 HILE 2.2 NAME	ł				mi Allanha	L ROUIDII	
1	2112 SUNDA					1000000						
STREET ADDRESS	SOMERSET H				2.3 STREET	ſ						
CITY-ST-ZIP TITLE	S			DELETE	2. 4 CITY- 3.1 TITLE	S1 - ZIP	=	UPLIAN CAUDOR		Change	Addition	
NAME	SNYDER, EVE	I VN	•		3.2 NAME		10	20 Mars Mile	2+000	£ change	L Noalton	
STREET ADDRESS		N DRIVE #310			3.3 STREET	ADDRECC	00	ca margine	عا ۱۱۱	ŧ		
CITY-ST-ZIP	LEHIGH ACRI				3.4. City-		Щ	arriman) Ter	masse.	e. 377	14°8	
TITLE	S	-012		DELETE	4.1 THILE	51 · 21r	~	ct 00 E043	011	Change	☐ Additition	
NAME	FRAZER, JAN	IFS	,		4. 2 NAME		۶ بر	velynsnyder 22 Margrave arriman Ter Ames M. Fraz Stonehedge	, UTL	ولاست - حسم		
STREET ADDRESS	7 STONEEDG				4. 2 NAME	ADDRESS	7	Stoneheage	DUVE	_		
i i	MONTICELLO				1	i i	$\dot{\sim}$	onticello, KY.				
CITY-ST-ZIP TITLE	T	· in t		DELETE	4.4 CITY - S 5.1 TITLE	O - ZIP	년;	ONLICE ID AMA	17	Change	Addition	
NAME	FRAMER, STE	-WARD			5.2 NAME		` > T(eward FRAME Lake CLIFT	Dei	10		
STREET ADDRESS	76 WOODSD					ADDRESS	106	LAKE CLIFT	7-1-10	_		

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:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-2IP

TITLE

BRONSTON KY

EUBANK KY

GIRDLER, REBECCA 3350 E HWY 452

14 OH 11 1

DELETE

7/15/97 606.679.4100