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 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001424 (0)**

1. Corporation Name
ABILITY LIFE TRUST, INC.

Principal Place of Business	Mailing Address
SUITE 212 1177 LOUISIANA AVENUE WINTER PARK FL 32789	SUITE 212 1177 LOUISIANA AVENUE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 668 N. ORLANDO AVE	26 668 N. ORLANDO AVE
Suite, Apt. #, etc. 22 SUITE 108	Suite, Apt. #, etc. 27 SUITE 108
City & State 23 MAITLAND FLORIDA	City & State 28 MAITLAND FLORIDA
Zip / Country 24 32751 25 ORANGE	Zip / Country 29 32751 30 ORANGE

4. FEI Number: 59-3227177 ☐ 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. 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
KOHLY, ASHLY 1420 PLACE PICARDY WINTER PARK FL 32789	81 Name: DANIEL A. BOCKHORN 82 Street Address (P.O. Box Number is Not Acceptable): 30 STOVIN AVE 83 84 City: WINTER PARK FL 85 Zip Code: 32789

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: Daniel A. Bockhorn — Daniel A. Bockhorn (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE: 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	HARMS, ROBERT	12 NAME	
STREET ADDRESS	30 E. STOVIN AVE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	
TITLE	VCST	21 TITLE	☐ Change ☐ Addition
NAME	BOCKHORN, DAN	22 NAME	
STREET ADDRESS	30 E. STOVIN AVE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP	
TITLE	~~VD~~	31 TITLE	☒ Change ☐ Addition
NAME	~~KOHLY, ASHLY~~	32 NAME	Please Delete As
STREET ADDRESS	~~30 E. STOVIN AVE~~	33 STREET ADDRESS	officer of Corp.
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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: Daniel A. Bockhorn — 4/26/95 — 407-629-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045875 CP