SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000001424 (0)**

1. Corporation Name

ABILITY LIFE TRUST, INC.

Principal Place of Business	Mailing Address
668 N. ORLANDO AVE. SUAITE 108 MAITLAND FL 32751 US	668 N. ORLANDO AVE SUIATE 108 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 03/21/1994	3a. Date of Last Report: 05/01/1995
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	

2. Principal Place of Business	2a. Mailing Address
21: 668 N. ORLANDO AVE	26: SAME
Suite, Apt. #, etc. 22: 108	Suite, Apt. #, etc. 27:
City & State 23: MAITLAND	City & State 28:
Zip 24: FL	Country 25: U.S.A.
Zip 29:	Country 30:

9. Name and Address of Current Registered Agent

BOCKHORN, DANIEL A
30 STOVIN AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: DAN BOCKHORN
82 Street Address (P.O. Box Number is Not Acceptable): 396 SWEETBAY DR.
83:
84 City: LONGWOOD FL 85 Zip Code: 32779

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 Bock DATE:
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	PC ☒ Change ☐ Addition
NAME	HARMS, ROBERT		1.2 NAME	HARMS, ROBERT
STREET ADDRESS	30 E. STOVIN AVE		1.3 STREET ADDRESS	620 LK. ORIENTA DR.
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VCST	☐ DELETE	2.1 TITLE	VCST ☒ Change ☐ Addition
NAME	BOCKHORN, DAN		2.2 NAME	BOCKHORN, DAN
STREET ADDRESS	30 E. STOVIN AVE		2.3 STREET ADDRESS	396 SWEET BAY DR
CITY-ST-ZIP	WINTER PARK FL 32789		2.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	100001884651 ☐ Change ☐ Addition
NAME			5.2 NAME	-07/05/96--01028--050
STREET ADDRESS			5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	07-03-96 OR

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/6/96 629-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #