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

2. Principal Place of Business
21 668 N. ORLANDO AVE
Suite, Apt. #, etc.
22 108
City & State
23 MAITLAND
Zip
24 FL
Country
25 U.S.A.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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
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): 395 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 Bockhorn
Signature (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	HARMS, ROBERT	
STREET ADDRESS	30 E. STOVIN AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VCST	☐ DELETE
NAME	BOCKHORN, DAN	
STREET ADDRESS	30 E. STOVIN AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	☒ Change ☐ Addition
1.2 NAME	HARMS, ROBERT	
1.3 STREET ADDRESS	620 LK. ORIENTA DR.	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
2.1 TITLE	VCST	☒ Change ☐ Addition
2.2 NAME	BOCKHORN, DAN	
2.3 STREET ADDRESS	395 SWEET BAY DR	
2.4 CITY-ST-ZIP	LONGWOOD, FL. 32779	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001884651	☐ Change ☐ Addition
5.2 NAME	-07/05/96--01028--050	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 #