## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400003252 (3)

LIFESPRING, INC.

Principal Place of Business Mailing Address						I TOBILOO ISIA IDIAL BIBIN OOMIN OOMIN OOMIN OANNA NIKA INBEN OMIN NIKA IEBI
161 MITCHELL BLVD SAN RAFAEL CA 94903		SAN RAFAEL CA 94903-2068				
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1994 04/23/1996
2. Principal Pr	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number Applied For
21		26				<b>94-2234924</b> Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi
22		27				Fee Hequired
City & State	9	City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
23	Country	<b>28</b>	Cour	ntr./		
Zip			30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	9. Name and Address of Curre		301			10. Name and Address of New Registered Agent
CT (				81	Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD			1			
	NTATION FL 33324		82 Street A		Street A	Address (P.O. Box Number is Not Acceptable)
FLA	MINION PE 55524		f	83		
			-	84	City	FL 85 Zip Code
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.						
agent. La	egistered agent, or both, in the stat m familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Stati	utes		polation's board of directors. Thereby accept the appointment as registered
SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Ager	nt signature	required when reinstating) DATE
12.		ND DIRECTORS  DELETE	13.		······································	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MILE	C Hanley, John P	C) ptrest		1.7 TITLE 1.2 NAME		Behant Flint
NAME	161 MITCHELL BLVD		1.3 STREET		4D00FCC	Robert Flint Not Mitchell Blud San Rafeel, Ca 94903
STREET ADDRESS	SAN RAFAEL CA 94903					604 Paral Ca 949/23
CITY - ST - 7IP	D	DELETE		1.4 CITY-ST-ZII 2.1 TITLE		Change Addition
NAME	SENN, LARRY	Land William		2.2 NAME		
STHEET ADDRESS	161 MITCHELL BLVD			2.3 STREET ADDR		
	SAN RAFAEL CA 94903	•		2.4 City -ST-		
CITY - ST - ZIP TITLE	S	DELETE	****	.1 TITLE		☐ Change ☐ Addition
NAME	MCGINNIS, DENNY		1	3.2 NAME		
STREET ADDRESS	161 MITCHELL BLVD		3.3 STREET		ADDRESS	
CITY - S1 - ZIP	SAN RAFAEL CA 94903		3.4. Ci			
TILE		☐ DELETE	4.1 Tr			Change Addition
NAMÉ			4. 2 N/	AME		·
STREET ADDRESS					ADDRESS	
CHY+ST+ZIP			4.4 CI		I	
TITLE		DELETE	5.1 TII			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			•		ADDRESS	
CITY - ST - ZIP			5.4 CI			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NA			
STHEET ADDRESS					ADDRESS	
OTHER - MONTH 30	}		5.00			

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