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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F9700000650 (8)

| LIFE IN | nt er national products | , INC. | | | |
|---|--|--|-----------------------------------|---|-----------------------------------|
| Principal Plac | ce of Business | Mailing Address | | | BOILD BIND! BINL! BOLL IR DL |
| 8889 PELICAN BAY BLVD #301 8889 PELICAN BAY BLVD NAPLES FL 34108 NAPLES FL 34108 | | | #301 | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 02/06/1997 | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. | H ato | Suite, Apt. #, etc. | | 95-4587188 | Not Applicable |
| ⊢ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Star | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the curr | |
| 24 | 25 | 29 | 101 | · · · · · · · · - |] Yes □ No |
| | g. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Registered / | Agent |
| GARLICK, THOMAS B | | | | | 1 |
| 8889 PELICAN BAY BLVD #301 | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| NAPLES FL 34108 | | | | | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | F <u>L</u> | 1 |
| 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | | | | | |
| 12, | Signature, typed or printed name of registered agr | ent and title it applicable (NOTE: D DIRECTORS | Registered Agent signature requir | ADDITIONS/CHANGES TO OFFICERS AND | DIDECTORS IN 12 |
| TITLE | DCPT | DELETE | | CT ADDITIONS/CHANGES TO OFFICERS AND | Change Addition |
| NAME | DUCHARME, DUANE | | 1.2 NAME | Charme, Duane | |
| STREET ADDRESS | 7401 BAY COLONY DR | | 1.3 STREET ADDRESS 74 | 101 Bay Colony Dr. | |
| CITY-ST-ZIP | NAPLES FL 34108 | | | aples. FL 34108 | |
| TITLE | DC | DELETE | 21 | and Ar | Change |
| NAME | FALCO, FRANK | | 2.2 NAME | Ico, Frank Ile Whitehead Ave. | |
| STREET ADDRESS | 396 WHITEHEAD AVE | | 2.3 STREET ADDRESS 39 | ile Whitehead Ave. | |
| CITY-ST-ZIP | \$ RIVER NJ 08882 | | 2 4 CITY-ST-ZIP S. | River, NJ 08882 | |
| TITLE | DS | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHLEGEL , KENNETH G | | 3.2 NAME | | } |
| STREET ADDRESS | 4324 BRYNWOOD DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34119 | | 3.4. CITY - ST - ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | HORTON, BOB | | 4. 2 NAME | | |
| STREET ADORESS | 1050 HOOK RD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FARMINGTON NY 14425 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE DI | rector. | Change Addition |
| NAME | 1 | | 5.2 NAME RU | ussell Stuart 900 Keystone Crossing, Suite 6 | <u> </u> |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 900 Keystone Crossing, Suite 6 | U U |
| CITY-ST-ZIP | | | TO SATURE STATE OF THE A | . 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 | |
| TITLE | | DELETE | 6.1 THLE | esident Rainson on ald Rainson on Maple Ridge Dr. | Change Addition |
| NAME | | | 6.2 NAME KO | anald Mines to | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 2 | 7 mapie mage of | |

14. Thereby 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.

FILED

Apr 28 1998 8:00am

Secretary of State