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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90055 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000650

1. Corporation Name

LIFE INTERNATIONAL PRODUCTS, INC.

Principal Place of Business
**8889 PELICAN BAY BLVD #301
NAPLES FL 34108**

Mailing Address
**8889 PELICAN BAY BLVD #301
NAPLES FL 34108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

95-4587188

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GARLUCK, THOMAS B
8889 PELICAN BAY BLVD #301
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCT	<input type="checkbox"/> DELETE
NAME	DUCHARME, DUANE	
STREET ADDRESS	7401 BAY COLONY DR	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FALCO, FRANK	
STREET ADDRESS	396 WHITEHEAD AVE	
CITY-ST-ZIP	S RIVER NJ 08882	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHLEGEL, KENNETH G	
STREET ADDRESS	4324 BRYNWOOD DR	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HORTON, BOB	
STREET ADDRESS	1050 HOOK RD	
CITY-ST-ZIP	FARMINGTON NY 14425	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STUART, RUSSELL	
STREET ADDRESS	8900 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RAINSON, RONALD	
STREET ADDRESS	27 MAPLE RIDGE DR	
CITY-ST-ZIP	MARTON IL 61550	

13.

1.1 TITLE	DCTP
1.2 NAME	Ducharme, Duane
1.3 STREET ADDRESS	7401 Bay Colony Dr.
1.4 CITY-ST-ZIP	Naples, FL 34108

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)