## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

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|--|--|--|---|---|---|--|---|
| LIFE DEVELOPMENT CORPORATION   |  |  |   |   |   |  |   |
| rincipa' Place of Bu   | usiness  | Mailing Address  |   |   |   |  |   |
| P.O. BOX 1266<br>PALM HARBOR FL 34682-1266<br>US   |  | P.O. BOX 1266<br>PALM HARBOR FL 34682-1266   |   |   |   |  |   |
| U3   |  | u\$  |   |   | 3. Date Incorporated or Qualified 04/26/1983                                      |  | ast Report<br>/1995                         |
| Principal Place of   | f Business   | 2a. Mailing Addr   | ess   |   | 4. FEI Number   | 01/24                                    | Applied For                                 |
| Suite, Apt. #, etc.  |  | 26 Suite, Apt. #   | , etc.                                      |   | 59-2290024  | \$2                                      | Not Applicable  3.75 Additional             |
| City & Chata   |  | 27   |   |   | 5. Certificate of Status Desired  |  | Fee Required                                |
| City & State   |  | City & State   |   |   | Election Campaign Financing     Trust Fund Contribution                           |  | 5.00 May Be<br>Added to Fees                |
| Zıkı   | Country  | Zip  |   | Country   | 8. This corporation has liability for   | r intangible tax und                     |   |
| 9.   | 25 <br>Name and Address of Curren  | 29<br>It Registered Agent  | 30  | 0   | Florida Statutes Yes  10. Name and Address of New I                               | s No<br>Begletered Agen                  |   |
|  |  |  | ·   | 81 Name   | 10, Hallo Bilo Addides of 1100 1  | nogistared Agei                          |   |
| KEDAN, ARO   |  |  |   | 82 Street Addi  | ress (P.O. Box Number is Not Acceptal   | ble)                                     |   |
| CLEARWATE  | ON HALL PLACE<br>OR FL 34624   |  |   | 83  |   |  | - n   |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |   |   |   |  |   |
|  |  |  |   | - '   |   | FL  85                                   | 1 .   |
| familiar with, and   | ent, or both, in the State of Floric<br>diaccept the obligations of, Secti<br>diaccept the obligations of  | da. Such change was<br>ion 607.0505, Florida                                       | a Statutes, tr<br>authorized b<br>Statutes. | he above-named corpor<br>by the corporation's boa   | ration submits this statement for the pured of directors. I hereby accept the app | urpose of changing<br>pointment as regis | ) its registered offic<br>lered agent. I am |
| familiar with, and<br>GNATURE<br>Signatur  | d accept the obligations of Sections of Sections of Principles of regulared agents of Principles of Princip  | and the happicable   | Statutes.                                   | the above-named corpor<br>by the corporation's boar<br>ugistered Apent signature require  | ra or airectors. I hereby accept the app  | pointment as regis                       | lered agent. I am                           |
| familiar with, and<br>GNATURE<br>Signature   | d accept the obligations of, Sections of Sections of Principles of Princ | and the happicable   | Statutes.                                   | ugstered Agent signature require  13.  1 1 TITLE  | rd or directors. I hereby accept the app  | pointment as regis                       | CTORS IN 12                                 |
| familiar with, and<br>GNATURE<br>Signation   | d accept the obligations of Sections of Sections of Principles of regulared agents of Principles of Princip  | on 607.0505, Florida<br>and trile it applicable                                    | Statutes.                                   | ugistered Agent signature require  13. 1 1 TITLE 12 NAME  | rd or directors. I hereby accept the app  | DATE FICERS AND DIRE                     | CTORS IN 12                                 |
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SIGNATURE:

Scott D. Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-784-4350 Daytime Phone #