

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H68733

(5)

95 JAN 24 AM 9:55

1. Corporation Name

LIFE PROPERTIES, INC.

Principal Place of Business

P.O. BOX 1266
PALM HARBOR FL 34683-5726

Mailing Address

P.O. BOX 1266
PALM HARBOR FL 34683-5726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1985

3a. Date of Last Report

02/07/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34682-1255

25

29 34682-1266

30

4. FEI Number

59-2560127

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

10. Name and Address of New Registered Agent

**KEDAN, ARON
2354 HADDON HALL PL.
CLEARWATER FL 34624-7510**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV**
NAME **WELCH, HOWARD H.**
STREET ADDRESS **1502 MAHOGANY LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683-6526**

TITLE **DP**
NAME **KEDAN, ARON**
STREET ADDRESS **2354 HADDON HALL PLACE**
CITY-ST-ZIP **CLEARWATER FL 34624-7510**

TITLE **DT**
NAME **KEDAN, ELLA**
STREET ADDRESS **2354 HADDON HALL PLACE**
CITY-ST-ZIP **CLEARWATER FL 34624-7510**

TITLE **DS**
NAME **WELCH, SCOTT D.**
STREET ADDRESS **1934 DOWNING PLACE**
CITY-ST-ZIP **PALM HARBOR FL 34683-5726**

TITLE **D**
NAME **KEDAN, MOSHE**
STREET ADDRESS **2354 HADDON HALL PLACE**
CITY-ST-ZIP **CLEARWATER FL 34624-7510**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

1/17/95

813-784-4350