

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H68733 (5)
1. Corporation Name
LIFE PROPERTIES, INC.

Principal Place of Business P.O. BOX 1266 PALM HARBOR FL 34682-1255 US	Mailing Address P.O. BOX 1266 PALM HARBOR FL 34682-1266 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1985	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34682-1266	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34682-1266	30 Country
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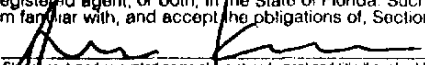
9. Name and Address of Current Registered Agent

KEDAN, ARON
2354 HADDON HALL PL.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 223 Cypress Trace	83
84 City Tarpon Springs	85 Zip Code FL 34689-8524	

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

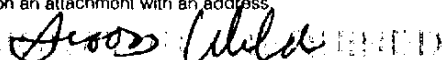
(NOTE: Registered Agent signature required when reinstating)

3/2/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1502 MAHOGANY LANE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	PALM HARBOR FL	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	2354 HADDON HALL PLACE	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	CLEARWATER FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	1934 DOWNING PLACE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	PALM HARBOR FL	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	2354 HADDON HALL PLACE	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	CLEARWATER FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE:



3/2/98

CR2E034 (10/97)