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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90062 035 ***150.00

0502595

DOCUMENT # **H68733**

1. Corporation Name
LIFE PROPERTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1266 PALM HARBOR FL 34682-266 US	P.O. BOX 1266 PALM HARBOR FL 34682-266 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/30/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34682-1266 Country 25	Zip 29 34682-1266 Country 30

4. FEI Number: 59-2560127 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

KEDAN, ARON
223 SYPRESSS TRACE
TARPON SPRINGS FL 34689-8524

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, HOWARD H.		1.2 NAME		
STREET ADDRESS	1502 MAHOGANY LANE		1.3 STREET ADDRESS	58 Thatch Palm St W	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	Largo, FL 33770-7417	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEDAN, ARON		2.2 NAME		
STREET ADDRESS	223 CYPRES TRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689-8524	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEDAN, ELLA		3.2 NAME		
STREET ADDRESS	2354 HADDON HALL PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL 33764-7510	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, SCOTT D.		4.2 NAME		
STREET ADDRESS	1934 DOWNING PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	Palm Harbor, FL 34683-5726	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEDAN, MOSHE		5.2 NAME		
STREET ADDRESS	2354 HADDON HALL PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clearwater, FL 33764-8524	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 1/26/99 727-784-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #