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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J59765
1. Corporation Name
LIFELINE STORAGE SYSTEMS, INC.

(4)



Principal Place of Business
173 CLEARY ROAD
D-2
WEST PALM BEACH FL 33413
US

Mailing Address
512 5TH LANE
BLDG 14
LAKE WORTH FL 33463-4348

3. Date Incorporated or Qualified 03/03/1987	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2776592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SHELDON, ROBERT & BETTE
512 5TH LANE
BLDG 14
LAKE WORTH FL 33463

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1. TITLE	1.2. NAME
NAME	PD SHELDON, ROBERT L.	1.3. STREET ADDRESS	1.4. CITY-ST-ZIP
STREET ADDRESS	512 5TH LANE	2.1. TITLE	2.2. NAME
CITY-ST-ZIP	LAKE WORTH FL	2.3. STREET ADDRESS	2.4. CITY-ST-ZIP
TITLE	VPD	3.1. TITLE	3.2. NAME
NAME	SHELDON, BETTE J.	3.3. STREET ADDRESS	3.4. CITY-ST-ZIP
STREET ADDRESS	512 5TH LANE	4.1. TITLE	4.2. NAME
CITY-ST-ZIP	LAKE WORTH FL	4.3. STREET ADDRESS	4.4. CITY-ST-ZIP
TITLE		5.1. TITLE	5.2. NAME
NAME		5.3. STREET ADDRESS	5.4. CITY-ST-ZIP
STREET ADDRESS		6.1. TITLE	6.2. NAME
CITY-ST-ZIP		6.3. STREET ADDRESS	6.4. CITY-ST-ZIP
TITLE		7.1. TITLE	7.2. NAME
NAME		7.3. STREET ADDRESS	7.4. CITY-ST-ZIP
STREET ADDRESS		8.1. TITLE	8.2. NAME
CITY-ST-ZIP		8.3. STREET ADDRESS	8.4. CITY-ST-ZIP

14. I do 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: Bette J. Sheldon

4-14-97

561-686-6606

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