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

98-99 AR

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAY 18 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K40726

1. Corporation Name: To Life of South Florida, Inc.

Principal Place of Business	Mailing Address
19200 NE 25th Ave, V-322 Suite North Miami Beach Fl. 33180-3213	

DO NOT WRITE IN THIS SPACE 98-99

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

3. Date Incorporated or Qualified: October 21, 1988

4. FEI Number: [ ] Applied For [✓] Not Applicable

5. Certificate of Status Desired: [ ] **$3.75** 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

David Feldman, P.A.
407 Lincoln Rd
Miami Beach, Fla. 33139

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

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	[ ] DELETE
NAME	Nelson Rosenfeld	
STREET ADDRESS	19200 NE 25th Ave, V-322	
CITY-ST-ZIP	North Miami Beach, Fla 33180	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

91 TITLE	[ ] Change [ ] Addition
92 NAME	
93 STREET ADDRESS	
94 CITY-ST-ZIP	
95 TITLE	[ ] Change [ ] Addition
96 NAME	
97 STREET ADDRESS	
98 CITY-ST-ZIP	
99 TITLE	[ ] Change [ ] Addition
100 NAME	
101 STREET ADDRESS	
102 CITY-ST-ZIP	
103 TITLE	[ ] Change [ ] Addition
104 NAME	
105 STREET ADDRESS	
106 CITY-ST-ZIP	
107 TITLE	[ ] Change [ ] Addition
108 NAME	
109 STREET ADDRESS	
110 CITY-ST-ZIP	
111 TITLE	[ ] Change [ ] Addition
112 NAME	
113 STREET ADDRESS	
114 CITY-ST-ZIP	

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-06/02/99--01084--030
****150.00 ****150.00

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: Nelson Rosenfeld Nelson Rosenfeld 5-16-99 305-931 1194