

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

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K96932 (4)  
1. Corporation Name  
AMERICAN LIFE RESOURCES CORPORATION

Principal Place of Business  
930 WASHINGTON AVENUE  
4TH FLOOR  
MIAMI BEACH FL 33139  
US

Mailing Address  
930 WASHINGTON AVENUE  
4TH FLOOR  
MIAMI BEACH FL 33139  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1989	
4. FEI Number 65-0179829	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

SIMON, STEVEN  
1430 OCEAN DR  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83	930 Washington Ave 4th Floor		
84 City	MIAMI BEACH	FL	85 Zip Code 33139

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	SIMON, STEVEN	1.2 NAME	SIMON, STEVEN
STREET ADDRESS	1430 OCEAN DRIVE	1.3 STREET ADDRESS	930 Washington Ave, 4th Floor
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VSD	2.1 TITLE	VSD
NAME	PORTER, HELEN	2.2 NAME	PORTER, Helen
STREET ADDRESS	1430 OCEAN DRIVE	2.3 STREET ADDRESS	930 Washington Ave, 4th Floor
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*[Signature]*

1/28/98 305-534-0101

CR2E034 (10/97)