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

Mailing Address

SARASOTA FL 34231

SUITE 217-B

2477 STICKNEY POINT RD.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # L07375**

1. Corporation Name

Principal Place of Business

2477 STICKNEY POINT RD.

SARASOTA FL 34231

SUITE 217-B

INTERNATIONAL LIFE & HEALTH SERVICES, INC.

IS NIA (	" how was	us			08/04/1989			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	App	lied For
z. Principai Pia	cipal Place of Business 26				65-0225845		Not	Applicable
1	D 22 A 24 H ata			-	De difference De	sired	\$8.75 Ad	ditional
Suite, Apt. #, etc.					5. Certificate of Status De	sireo [_	Fee Req	uired
City & State City & State					6. Election Campaign Fina	ancing -	\$5.00 N	Лау Ве .
City & State			į		Trust Fund Contribution	,	Added to	Fees
Zip Country Zip			Country		8. This corporation owes	the current year Inta	ngible 🍾	<i>.</i> /-
¬ '	. 25	29 3	o		Personal Property Tax.		Yes	No
4 .	9. Name and Address of Current I	<u>  </u>	<del>-:</del>		10. Name and Address o	f New Registered A	gent *	
	13/3/3		81	Name				
CRAI	N, JAMES, JR.	MAIN 1877 2 443	82	Ctus at Adds	ess (P.O. Box Number is Not	Accentable)	- :	
2477 STICKNEY POINT ROAD (4 SERVAGE, MC)				Street Addi	ess (F.O. DOX HUMBER 13 HOC	hansisaan mate	<del> </del>	9.1 * * * 1 281
SUITE 217-B						经保证的 制制性	\$ 13. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	
SARASOTA FL 34231					1.113103000	te national entire	#   \$   \$   \$   \$   \$   \$   \$   \$   \$	11) (13) (3)
SAIROUTA LE 01201				City	,	FI	* 85 Zip C	ode
egyanging <u>arranganing tigan a</u>	- general ten		45 - 25 212	nomed core	oration submits this statement	for the number of	changing its r	registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 507.1508, Florida Statutes Florida: Such change was aut	horized by	the corporation	on's board of directors. I hereb	by accept the appoir	itment as reg	istered
SAP agent. I a	m tamiliar with, and accept file obligation	ns of Section 607.0505, Florid	la Statutes.			1/2/0	<b>O</b> 1.	
SIGNATURE	( Lame	W 1 Min			d when reinstating)		7	<del></del>
0.0.0.0.0.0	Signature, typed or printed name of registered agent a			t signature require	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.				Change	Addition
TITLE	0	C) DECEIE	1.1 TITLE		75 - 20 16			
NAME	CRAIN, JAMES, JR.		1.2 NAME	Ì				
STREET ADDRESS	2477 STICKNEY POINT ROAD, S	SUITE 217-B	1.3 STREET	ADDRESS		•		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S1	r-zip			Change	Addition
TITLE		☐ DELETE	2.1 TITLE	Ì				
NAME			2.2 NAME		•			
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	The second second		2.4 CITY-S	T-ZIP				C Addition
TITLE OF A	1.00	☐ DELETE	3.1 TITLE		•		Change	Addition
NAME ( C)		Steen L. C. S.	3.2 NAME					
STREET ADDRESS	I See the See the See that the See th	4 1 S	3.3 STREET	FADDRESS	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	985 J. 13125 PAR	A1000 G	植植植树
- SU⊟	<u>にとけら</u>		3.4, CITY-S	ST-ZIP				
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			4. 2 NAME					,
NAME	FOR BI	1977 D. 1978 C. T. 1871 C.		T ADDRESS				•
STREET ADDRESS		ng Touris. Ngga taon	4.4 CITY-S				<u> </u>	
CITY-ST-ZIP	131(1)	☐ DELETE	5.1 TITLE	-			' ☐ Change `	Addition
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STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S		property of the second			•
CITY-ST-ZIP	Commission of the contract of	☐ DELETE	6.1 TITLE	1-21			Change	☐ Addition
TITLE	217 317 317 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME				_ •	
NAME	\	TATES ACTAINS IN		T 4DDDECC				
STREET ADDRESS	SAME OF FL		1	T ADDRESS	•			
CITY-ST-ZIP	}		6.4 CITY-S	ST-ZIP	Casting 440 07/31/6) Florida (	Statutes 1 further co	tify that the i	nformation
14. I hereby	certify that the information supplied with on this annual report or supplemental	n this filing does not qualify for	the exempt	uon stated in It my signatui	Section 119.07(3)(1), Florida 3 re shall have the same legal e	ffect as if made und	er oath; that	I am an
indicated officer or	on this annual report or supplemental director of the corporation or the receiver or Block 13 if changed, or on an attact	er or trustee empowered to ex	ecute this	eport as requ	uired by Chapter 607, Florida	Statutes; and that n	ny name app	ears in
Block 12	or Block 13 if changed, or on an attach	ment with an address, with all	other like e	mpowered.	1-1	4 10	2./ 6.	

SIGNATURE:

AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (941)924-2764

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE.

01-26-1999 90010 038 \*\*\*150.00

(2E034 (11/98)