

RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 23, 1993.
AMOUNT DUE ON OR BEFORE 7/23/93: \$225 (IF DISSOLVED, EXCESS AMOUNT DUE TO RESTATE: \$0.00)

**CORPORATION
ANNUAL REPORT
1993**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

93 JUL -6 PH 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # L21277 (3)**
LONG LIFE INDUSTRIES, INC.
2424 N. FEDERAL HWY, #103
BOCA RATON FL 33431

If above mailing address is incorrect in any way, file through incorrect information and enter correction in Block 2

FILED FEE \$225.00 Annual Report \$81.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/05/1989
3a. Date of Last Report 03/07/1992

4. FEI Number 65-0180103
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$37.50

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$138.75 Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 193 (32), Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNCH, PHILIP
22053 PALMS WAY #203
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1508 or Sections 617.0402 and 617.1508, Florida Statutes, the above named corporation submits the 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
(Corporate Agent Signature) (Corporate Agent Signature)

12. OFFICERS AND DIRECTORS
12.1 NAME D/P LYNCH, PHILIP
12.2 STREET ADDRESS 22053 PALMS WAY #203
12.3 CITY, ST, ZIP BOCA RATON FL
12.4 NAME V GREEN, STEVEN
12.5 STREET ADDRESS 2424 N FEDERAL HWY S 103
12.6 CITY, ST, ZIP BOCA RATON FL
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP
12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST, ZIP
12.19 NAME
12.20 STREET ADDRESS
12.21 CITY, ST, ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME
13.2 STREET ADDRESS
13.3 CITY, ST, ZIP
13.4 NAME
13.5 STREET ADDRESS
13.6 CITY, ST, ZIP
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13.17 STREET ADDRESS
13.18 CITY, ST, ZIP
13.19 NAME
13.20 STREET ADDRESS
13.21 CITY, ST, ZIP

14. I, the undersigned, being duly qualified and sworn, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the same has been duly authorized by the board of directors of the corporation.

SIGNATURE: _____
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR