

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L86480** (5)

1. Corporation Name

**EVERLIFE MANAGEMENT GROUP, INC.**



Principal Place of Business

**16900 S.W. 216TH ST.  
GOULDS FL 33170**

Mailing Address

**16900 S.W. 216TH ST.  
GOULDS FL 33170**

3. Date Incorporated or Qualified  
**07/11/1990**

3a. Date of Last Report  
**01/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0226547**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

23

28

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

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNECKER, ROBERT  
16900 S.W. 216TH ST.  
GOULDS FL 33170**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNECKER, ROBERT</b>	
STREET ADDRESS	<b>16900 S.W. 216TH ST.</b>	
CITY-STATE-ZIP	<b>GOULDS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LYDEN, BILL</b>	
STREET ADDRESS	<b>18460 S.W. 295TH TERR.</b>	
CITY-STATE-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OPPENHEIMER, CHRIS</b>	
STREET ADDRESS	<b>31701 S.W. 194TH AVE.</b>	
CITY-STATE-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFITH, STEVE</b>	
STREET ADDRESS	<b>6448 PLYMOUTH SORRENTO</b>	
CITY-STATE-ZIP	<b>PLYMOUTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEE, BOBBY</b>	
STREET ADDRESS	<b>17200 S.W. 248TH ST.</b>	
CITY-STATE-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CALDWELL, TOM</b>	
STREET ADDRESS	<b>13280 S.W. 232ND ST.</b>	
CITY-STATE-ZIP	<b>GOULDS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/28/96 (305) 247-8527**

CR2E034 (12/95)