

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1990</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0226547</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BERNECKER, ROBERT</b> <b>16900 S.W. 216TH ST.</b> <b>GOULDS FL 33170</b>		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 607.0502 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNECKER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>16900 S.W. 216TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOULDS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYDEN, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>18480 S.W. 295TH TERR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OPPENHEIMER, CHRIS</b>	3.2 NAME	
STREET ADDRESS	<b>31701 S.W. 194TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFITH, STEVE</b>	4.2 NAME	
STREET ADDRESS	<b>6448 PLYMOUTH SORRENTO</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLYMOUTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, BOBBY</b>	5.2 NAME	
STREET ADDRESS	<b>17200 S.W. 248TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALDWELL, TOM</b>	6.2 NAME	
STREET ADDRESS	<b>13280 S.W. 232ND ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOULDS FL</b>	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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0237342

CR2034 (10/97)