FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # M93780 (8)

1. Corporation Name
LIFETECH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8044 WHISPER LAKE LANE PONTE VEDRA BEACH FL 32082	8044 WHISPER LAKE LANE PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 08/11/1988
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business	2a. Mailing Address
21 2004 Palmetto Point Dr	26 2004 Palmetto Point Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ponte Vedra Bch, FL	28 City & State: Ponte Vedra Bch, FL
24 Zip: 32082	25 County: St Johns
29 Zip: 32082	30 Country: St Johns

4. FEI Number: 65-0092745 ☐ Applied For ☐ Not Applicable

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

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

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
SCHOFF, WILLIAM L. 8044 WHISPER LAKE LANE PONTE VEDRA BCH. FL 32082	81 Name: Schoff, William L. 82 Street Address (P.O. Box Number is Not Acceptable): 2004 Palmetto Point Dr 83 84 City: Ponte Vedra Bch FL 85 Zip Code: 32082

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: William L. Schoff 5/8/95
Signature of 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	P	11 TITLE	President ☑ Change ☐ Addition
NAME	SCHOFF, SHARON	12 NAME	Schoff, Sharon
STREET ADDRESS	8044 WHISPER LAKE LANE	13 STREET ADDRESS	2004 Palmetto Point Dr
CITY ST ZIP	PONTE VEDRA BCH. FL	14 CITY ST ZIP	Ponte Vedra Bch, FL 32082
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	5/12/95 MB
CITY ST ZIP		64 CITY ST 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)(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 (changed) or on an attachment with an address.

SIGNATURE: Sharon E. Schoff 5/8/95 (904)285-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sharon E. Schoff

0004713 CP