

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25449** (2)

1. Corporation Name

FOUNTAIN OF LIFE, INC.



Principal Place of Business 10237 157TH STREET N. JUPITER FL 33478	Mailing Address PO BOX 2515 JUPITER FL 33468-2515
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2. Principal Place of Business 21 312 S. Old Dixie Hwy. Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 2358 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/17/1988	3a. Date of Last Report 05/01/1996
22 Suite 104 City & State		27 Jupiter, FL City & State		4. FEI Number 65-0033456	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Jupiter, FL Zip		28 Jupiter, FL Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 33458 US		29 33468 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent LAMBERT, LAWRENCE E. 236 HAMPTON PL JUPITER FL 33458				10. Name and Address of New Registered Agent 81 Name Lawrence E. Lambert 82 Street Address (P.O. Box Number is Not Acceptable) 2869 SW Monarch Tr. 83 84 City Stuart FL 85 Zip Code 34997	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Becky Marking S/D* DATE *4/10/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, LAWRENCE E.	1.2 NAME	
STREET ADDRESS	236 HAMPTON PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33458	1.4 CITY - ST - ZIP	
TITLE	T/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, ELAINE A.	2.2 NAME	
STREET ADDRESS	236 HAMPTON PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33458	2.4 CITY - ST - ZIP	
TITLE	V/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKING, DONALD	3.2 NAME	
STREET ADDRESS	10237 157TH ST. N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33478	3.4 CITY - ST - ZIP	
TITLE	S/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKING, BECKY A	4.2 NAME	
STREET ADDRESS	10237 157TH ST. N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33478	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044206

CP2E037 (9/96)