


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90067 018 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39570					
1. Corporation Name THINK LIFE, INCORPORATED					
Principal Place of Business % GEORGIA FOSTER 7810 N.W. 5TH PLACE PLANTATION FL 33324			Mailing Address % GEORGIA FOSTER 7810 N.W. 5TH PLACE PLANTATION FL 33324		



2. Principal Place of Business 21 1600 State Road 84 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 21366 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/15/1990	
22 City & State Fort Lauderdale		27 City & State Fort Lauderdale		4. FEI Number 65-0253465 Applied For Not Applicable	
23 Zip 33315		28 Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33315		25 Broward		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 FOSTER, GEORGIA 7810 N.W. 5TH PLACE PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FOSTER, GEORGIA				
STREET ADDRESS	7810 N.W. 5TH PLACE				
CITY-ST-ZIP	PLANTATION FL 33324				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MACKILLIGAN, ROBERT				
STREET ADDRESS	1335 N.E. 13TH AVE.				
CITY-ST-ZIP	FT. LAUDERDALE FL 33304				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BEDELL, ANN				
STREET ADDRESS	2633 MIDDLE RIVER DR.				
CITY-ST-ZIP	FT. LAUDERDALE FL 33316				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SIEGEL, SHELLEY				
STREET ADDRESS	120 N.E. 52 ST				
CITY-ST-ZIP	FT LAUDERDALE FL 33334				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	Robert G. MacKilligan				
2.3 STREET ADDRESS	4866 Rothschild Drive				
2.4 CITY-ST-ZIP	Coral Springs, FL 33067-4133				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	Shelley Siegel				
4.3 STREET ADDRESS	120 N.E. 51 Street				
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/11/99 (931) 525-6169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037-11/98