FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

	1999 DIVISION OF CORPORATIONS					ONS	05-06-1999 90099 008 ****61.25					
DOCU 1. Corporatio	MENT # N4	1896	<u></u>								911.20	
LIFE TRI	FNDS INC						ł					
LIFE TRENDS, INC.]	502696 - 90099 - 8				
							j		U2090 - 900 			
Principal Plac	e of Business	Ma	ling Address									
								1 3 50 151 0 1 0 11 0 10 0 11	494 IBNS 1814	L BAR BIGRI BIGG	. 949 44 949 4 9 4 9 4	B B (B
503 RIVER DR 503 RIVER DR VERO BEACH FL 32963 VERO BEACH FL 32963												
		US					1) (Aprillation) Stabili	1981 19819 199 11	i disti di dili dilati	i kodii didii didi	is Didni lads
							}					
									0			
2. Principal P	face of Business	⊣	Mailing Address				į	 Date Incorporated of 01/31/1991 	r Qualifed			į
21		26						4. FEI Number			Ton	tiod For
Suite, Apt.	#, etc.	<u>├</u> —¬	Suite, Apt. #, etc.)	65-0245714			<u> </u>	Applicable
22		27	City & State					00 02 101 11			\$8.75 A	
City & Stat	(e	├ ─¬	City & State				į	Certifcate of Status	Desirød		Fee Rec	
23 Zip	Country	28	Zip	Cou	ntrv			6. Election Campaign	Einanaina		\$5.00	`-
	25	29		30				Trust Fund Contribu	-		Added to	· ·
(4)	9. Name and Address		ered Agent	[30]	Γ-			10. Name and Addres		tegistered A		
					81	Name						
BRIM, O GILBERT J						Street	A -d-d-ro o	s (P.O. Box Number is I	let Accents	ble)		
2145 14TH AVENUE						Sheet	Audres	S (F.O. DOX NUMBER IS I	voi Accopia	1010)		
SUITE #1					83					<u>-</u> -		
VERO BEACH FL 32960											85 Zip C	odo
VENU DE	1011 FE 32300				84	City				FL	85 Zip C	,ode
11. Pursuant	to the provisions of Section	ns 617.0502 and 61	7.1508, Florida Stat	utes, the a	bove	e-named	corpora	ation submits this statem	ent for the	purpose of o	changing its	registered
office or I	to the provisions of Section registered agent, or both, ir am familiar with, and accept	the State of Florida	ı. Such change was	authorized	יעם נ	the corpo	oration'	's board of directors. I he	reby accep	t the appoin	itment as reg	jistered
	iiii iaiiiiiai wiiii, ailu accepi	the obligations of,	30000110110000,1	ionaa otaa	-100	•						
SIGNATURE	Signature, typed or printed name of	registered agent and title if	applicable. (NO	TE: Registered	Agen	nt signature r	equired w	hen reinstating)		DATE		
12.	OFF	ICERS AND DIREC	TORS	13,				ADDITIONS/CHANG	ES TO OF	FICERS AN		
TITLE	PSTD		DELETE	1.1 🎞	ILE						[] Change	☐ Addition
NAME	Brim, O. Gilbert, Jr	Ļ		1.2 N/	WE.		ĺ					
STREET ADDRESS	503 RIVER DR			1.3 87	REET	ADORESS	}					Ì
CITY-ST-ZIP	VERO BEACH FL			1.4 C	TY-81	T-ZIP	<u> </u>					
TITLE	D		☐ DELETE	2.1 TI	ΠE		ĺ				☐ Change	Addition
NAME	GOSLIN, DAVID A.			2.2 N	WE							ļ
STREET ADDRESS				2.3 \$1	REET	ADDRESS)					Ì
CITY-ST-ZIP	WASHINGTON DC			2.40	TY-S	T-ZIP	 _					
TITLE	D		☐ DELETE	3.1 TY	TLE		ł				Change	Addition
NAME	SCOTT, ROBERT			3.2 N	ME							
STREET ADDRESS	202 JUNIPERO SIERRO BLVD		3.3 \$7	3.3 STREET ADDRESS								
CITY-ST-ZIP	STAMFORD CA				3.4. CITY-ST-ZIP						57Channa	CT Addition
TITLE	D		☐ DELETE	4.1 Tr			}				Change	☐ Addition
NAME	SHERROD, LONNIE R.	,		4, 2 N			<u></u>	_	_	10.5		
STREET ADORESS	515 MADISON AVE							Lexington			ı Floo	r
CITY-ST-ZIP	NEW YORK NY					T- ZIP	MeM	York, NY	1002	<u> </u>	☐ Change	☐ Addition
TITLE	D		☐ DELETE	5.1 T			}					- Addition
NAME	WANNER, ERIC			5.2 N		* ADDD====	}					İ
STREET ADDRESS	112 E 64 ST					ADDRESS	[
CITY-ST-ZIP	NEW YORK NY		Declere	5.4 CI 6.1 TI		1-ZIP	├				☐ Change	Addition
TITLE	1		☐ DELETE	V.(1)			1					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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. ORVILLE CILBERT BRIM

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS