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Jul 02 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49157 (3)**

1. Corporation Name

**LIFE ENHANCEMENT ASSOCIATION FOR PEOPLE, INC.**



Principal Place of Business		Mailing Address	
2928 WALLCRAFT AVE. TAMPA FL 33611 <b>1600 SO. MACDILL AVE</b> <b>TAMPA, FL. 33629</b>		2928 WALLCRAFT AVE. TAMPA FL 33611 <b>1600 SO. MACDILL AVE</b> <b>TAMPA, FL. 33629</b>	
2. Principal Place of Business	2a. Mailing Address		
21 <b>1600 SO. MACDILL AVE</b>	26 <b>1600 SO. MACDILL AVE</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>501</b>	27 <b>501</b>		
City & State	City & State		
23 <b>TAMPA, FL.</b>	28 <b>TAMPA, FL.</b>		
Zip	Zip	Country	Country
24 <b>33629</b>	29 <b>33629</b>	30 <b>US</b>	

3. Date Incorporated or Qualified	<b>05/29/1992</b>	
4. FEI Number	<b>59-3124229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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>HOBAR, GEORGE D.</b> <b>2928 WALLCRAFT AVE.</b> <b>TAMPA FL 33611</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>GEORGE D. HOBAR</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1600 SO. MACDILL AVE</b>
83	<b>S. 501</b>
84 City	<b>TAMPA</b>
85 Zip Code	<b>FL 33629</b>

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOBAR, GEORGE D.</b>
STREET ADDRESS	<b>2928 WALLCRAFT AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BREEN, MARY</b>
STREET ADDRESS	<b>5840 BELMONT AVE.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SHIMEK, ANNE</b>
STREET ADDRESS	<b>4141 ROSEMEADE, #5205</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BREEN, MARIAN</b>
STREET ADDRESS	<b>8003 AZALEA TRAIL</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>HOBAR, COBURN</b>
STREET ADDRESS	<b>8819 SOUTHWESTERN BLVD.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BYRD, JIM</b>
STREET ADDRESS	<b>6050 TOHALON</b>
CITY-ST-ZIP	<b>DALLAS TX</b>

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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.

SIGNATURE: *George D. Hobar* 6/27/98 8/32 543255

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