1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N51039 1. Corporation Name

KNB FOR LIFE, INC.

Principal Place of Business

3000 GATEWAY DRIVE POMPANO BEACH FL 33069 Mailing Address

3000 GATEWAY DRIVE POMPANO BEACH FL 33069

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90275 008 \*\*\*\*61.25

NAME  BEARD, VERNON D.  STREET ADDRESS  CITY-ST-ZIP  NAME  BEARD, VERNON D.  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33069  TITLE  D  DELETE  2.1 TITLE  NAME  BEARD, REDA D.  STREET ADDRESS  3000 GATEWAY DRIVE  2.2 NAME  2.3 STREET ADDRESS  40.30 N.E. TOE'S POINT RD.  2.3 STREET ADDRESS  40.30 N.E. TOE'S POINT RD.	icable nal l description and l d d d d d d d d d d d d d d d d d d
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  STRUMET, FL  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	icable nal s de s s ered ad
27   City 8, State   City 8, State   City 8, State   City 8, State   Country   Country	icable nal s de s s ered ad
City & State  23 STUART, FL  26 STUART, FL  27 Country  27 Country  28 STUART, FL  29 STUART, FL  30 MARTIN  29 STATEST Addition  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name STATEST Address (P.O. Box Number is Not Acceptable)  29 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  21. 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 regist 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, and familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  20 SIGNATURE  30 STREET ADDRESS  3000 GATEWAY DRIVE  12 NAME  13 Name SEARD, VERNON D.  14 CITY ST 2P  15 Name Address of New Registered Agent  16. Election Campaign Financing  First Fund Contribution  18 Address of New Registered Agent  19 Name SAME States  19 Street Address (P.O. Box Number is Not Acceptable)  31 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIREC	nal de
23   STUART   Fee Requires   Fee R	Ge s s s s s s s s s s s s s s s s s s s
24 34996 25 MARTIN 29 34996 30 MARTIN Trust Fund Contribution Added to Fee  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name SAME NAME  BEARD, REDA B. 3000 GATEWAY DRIVE POMPANO BEACH FL 33069  82 Street Address (P.O. Box Number is Not Acceptable)  83 HOJO N.E. TOE'S POINT ROAD  84 City STURE TELESTORIES STURE Statement for the purpose of changing its 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  Signature. Typed 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 TITLE  D DELETE 1.1 TITLE  D DELETE 1.1 TITLE  D DELETE 2.1 T	s ered ad
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS IN ACCURATE AGENT AND STREET ADDRESS  15. Name SHIP LAME  16. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Name and Address of New Registered Agent  18. Name SHIP LAME  18. Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  12. Value Street Address (P.O. Box Number is Not Acceptable)  14. Value Street Address (P.O. Box Number is Not Acceptable)  15. Value Street Address (P.O. Box Number is Not Acceptable)  16. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  18. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P.O. Box Number is Not Acceptable)  19. Value Street Address (P	ered ad
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CITY-ST-ZIP POMPANO BEACH FL 33069 34.CITY-ST-ZIP PLANTATION, FL 33317	<u>-</u>
CITY-ST-ZIP POMPANO BEACH FL 33069  34. CITY-ST-ZIP PLANTATION, FL 33317  TITLE D DELETE 4.1 TITLE	Addition
NAME WILKERSON, ROBERT 4.2 NAME	
ONE W MODILI CIDECT	
CITY-ST-ZIP TAMPA FL 33604 44CITY-ST-ZIP PLANT CITY, FL 33567	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME .	ļ
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Indicated on this annual report or supplied with his filling does not quality for the exemption stated in Section 1.18.07(3)(f), Fibrida Statutes, I filling does not quality for the exemption stated in Section 1.18.07(3)(f), Fibrida Statutes, I filling controlled indicated on this annual report for 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 an attachment with an address, with all other like empowered.

SIGNATURE:

4-15-99 56/-225-8978 Date Dayline Phone #