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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000558 (8)

1. Corporation Name

SUCCESS IN L.I.F.E., INC.



Principal Place of Business

Mailing Address

P.O. BOX 2662
LARGO FL 34649-2662
US

P.O. BOX 2662
LARGO FL 33779-2662
US

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3156969

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, HERBERT W PA
PINEBROOK BUSINESS CENTER
7381-114TH AVE. N. STE. #406
LARGO FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 12

TITLE D KEARNS, LINDA
NAME 10101 SAILWINDS S #105
STREET ADDRESS LARGO FL
CITY-ST-ZIP

1.1 TITLE D
1.2 NAME SCHULZ STEVE
1.3 STREET ADDRESS 1381 CHESTNUT DR
1.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE D LARSON, MILDRED M.
NAME 11518 HARBORSIDE CIR. N.
STREET ADDRESS LARGO FL
CITY-ST-ZIP

2.1 TITLE D
2.2 NAME SCHULZ LINDA
2.3 STREET ADDRESS 1381 CHESTNUT DR
2.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ROWE, ELIZABETH J
NAME 1613 FRUITWOOD DR.
STREET ADDRESS CLEARWATER FL
CITY-ST-ZIP

3.1 TITLE D
3.2 NAME ROWE, ELIZABETH J
3.3 STREET ADDRESS 1751 WOODBRIDGE DR
3.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE D SWEET, JANET M
NAME 5265 E. BAY DR., #723
STREET ADDRESS CLEARWATER FL 34626
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D BIGSBY, RON
NAME P.O. BOX 4011 N/A
STREET ADDRESS CLEARWATER FL
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 # 0052064

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