	FILE NOW: FILI					
NONPROFIT CORPORATION ANNUAL REPORT 1996 CORPORATION Secretary of State				TATE DNS		
DOCUN 1, Corporation	MENT # N9200	0000806 (1)				
'	t life international mi					
Principal Place of Business Mailing Address						
2621 N.E. 24TH ST. LIGHTHOUSE POINT FL 33064 US		P O BOX 5250 LIGHTHOUSE POINT F 33074 US		Date Incorporated or Qualified	3a. Date of Last Report	
				12/16/1992	05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 65-0379105	Applied For Not Applicable
21 Suita Ant #	etc	Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt. #, etc.		27		Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Country 30		8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, LYes □ No	
24	25 9. Name and Address of Curren		1		10. Name and Address of New Re	· · · · · · · · · · · · · · · · · · ·
			81	Name		
CUSHMA	n, earle		82	Street Ad	ddress (P.O. Box Number is Not Acceptable	9)
2621 N.E. 24TH ST.			83			
LIGHTHO	JUSE POINT FL 33064		<u> </u>			
			84	City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above i	named corp	poration submits this statement for the purposerd of directors. I hereby accept the appo	ose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligatibas of Sect	da. Such change was autriorized i ion 617.0503, Florida Statutes.	by the corp	oration's D		
SIGNATURE _	fack I lass		De colonial Association	-1	guired when reinstaling)	30 - 94
12.	Signature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	13.	in agretore req	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	T □DELETE		1.1 TITLE			Change Addition
NAME	COSHWAN, EARLE		1.2 NAME			
STREET ADDRESS	0000 10111 01			I ADDRESS		
CITY-ST-ZIP TITLE	LAKE WORTH FL 33460	WORTH FL 33460 1.4		ST-ZIP		☐ Change ☐ Addition
NAME	s Klee, Sharon		22 NAME			
STREET ADDRESS	6550 SOMERSET DR.		2 3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33735			ST-ZIP		
TITLE	T	DELETE	3 1 TITLE			Change Addition
NAME	CUSHMAN, PAUL	32		T ADDRESS		
STREET ADDRESS	822 PLUMTREE	E I LOWITEL				
CITY-ST-ZIP TITLE	T	DELETÉ	3.4. CITY - ST - ZIP 4.1 TITLE			☐ Change ☐ Addition
NAME	GOLDEN, J D		4 2 NAMÉ			
STREET ADDRESS	ADDRESS 4048 JOHN CT 43			T ADDRESS		
CITY-ST-ZIP	CONTENT OF THE PROPERTY OF THE		4.4 CITY -	ST-ZIP		Change Addition
TITLE		□ DECE LE	5.1 TITLE 5.2 NAME			□ oumide □ voquion
NAME OTROCT ADODESS			1	T ADDRESS		
STREET ADDRESS			5 4 CITY -	ľ		
CITY-ST-ZIP TITLE		DELETE	61 TITLE			Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 certify 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:

Date

Date

Daytine Phone is

62 NAME

6 3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4-30-96 305-7822179
Date Daytine Phone is