FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **POCUMENT** # N93000002708 (6)

LIFESPAN RESEARCH FOUNDATION, INC.					XA 1781 1881 8810 8810 1811 1881
Principal Plac	e of Business	Mailing Address			160 11911 10511 USAN 1001 (001
13250 NORTH CALUSA CLUB DRIVE 13250 NORTH CALUSA MIAMI FL 33186 US US		.ub drive	Date Incorporated or Qualified 06/11/1993 FEI Number	Applied For	
9 10 20 20 20 20	0	To Marie Andrew		65-0414003	Not Applicable
21 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
 		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State		City & State		7. Is this nonprofit corporation a homeowners	
23 28		h			No No
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	rent year Intapgible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered A	Agent
JALLAD, NADER S 13250 NORTH CALUSA CLUB DRIVE MIAMI FL 33186				lress (P.O. Box Number is Not Acceptable)	
			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					
12.	Signature, typed or printed name of registered age OFFICERS AND		F: Registered Agent signature requi	ired whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D OF TOERS AND	DELETE	1.1 TITLE	ADDITIONAÇÃI (ANTIGER TO OFFICE NOVIDE	Change Addition
NAME	JALLAD, NADER S		1.2 NAME		_ , _
STREET ADDRESS 13250 N. CALAWA CLUB DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST- ZIP		
TITLE	Ť	☐ DELETE	2.1 TITLE		Change Addition
NAME	MILLER, KENT		2.2 NAME		
STREET ADDRESS	7380 SW 123 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY+ST-ZIP		
TITLE	MALLAD AMINISTO	☐ DELETE	3.1 TITLE		Change Addition
NAME	JALLAD, MUNZER		3.2 NAME		
STREET ADORESS	12801 AMBER AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	AMBER HILL CL	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	JALLAD. BONNIE		4. 2 NAME		C. Change C. Housilon
STREET ADDRESS	13250 N CLAUSA CLUB DRIVI	F	4.3 STREET ADDRESS		}
CITY-ST-ZIP	MIAMI FL 33186	-	4.4 CITY - ST - ZIP		
TITLE	10 00 100	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
l			I		I

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:

FILED

Apr 13 1998 8:00am

Secretary of State