

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 18 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 # N95000002803 (3)**

1. Corporation Name

**CREATING JOBS FOR LIFE WORLDWIDE, INC.**



Principal Place of Business

Mailing Address

**343 ALMERIA AVE  
CORAL GABLES FL 33134**

**343 ALMERIA AVE  
CORAL GABLES FL 33134-5811**

3. Date Incorporated or Qualified  
**06/14/1995**

3a. Date of Last Report  
**06/14/1996**

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  
**65-0589215**

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name

**May George**

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

83

**2840 Foxhall Dr. E.**

84 City

**W. Palm Bch.**

**FL**

85 Zip Code  
**33417**

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

**1-9-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DSTD** ☒ DELETE  
NAME **MAY, GEORGE**  
STREET ADDRESS **343 ALMERIA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE **DSTD** ☒ Change ☐ Addition  
1.2 NAME **May George**  
1.3 STREET ADDRESS **2840 Foxhall DR. E.**  
1.4 CITY-ST-ZIP **W. Palm Bch. FL 33417**

TITLE **D** ☐ DELETE  
NAME **CARR, SHERRY**  
STREET ADDRESS **343 ALMERIA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CARINI, LANI**  
STREET ADDRESS **821 BANYAN DR**  
CITY-ST-ZIP **WEST PALM BCH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 # 0027048

CR2E037 (9/96)