
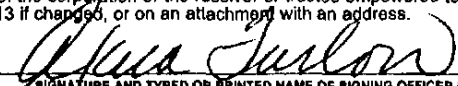


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 22 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004520 (0)</b> 1. Corporation Name <b>LIFE EDUCATION AND RESOURCE NETWORK, INC.</b>					
Principal Place of Business <b>4620 LIPSCOMB ST. NE SUITE #3 PALM BAY FL 32905</b>			Mailing Address <b>5401 RAMPART STREET 378 HOUSTON TX 77081</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/29/1996</b> 4. FEI Number <b>59-3443275</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MCEWEN, DR. PATRICIA 4620 LIPSCOMB ST. NE SUITE #3 PALM BAY FL 32905</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, HAYWOOD DR		1.2 NAME		
STREET ADDRESS	1319 ANGELINA CIRCLE		1.3 STREET ADDRESS		
CITY-STATE-ZIP	COLLEGE STATION TX 77840		1.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, NOREEN		2.2 NAME		
STREET ADDRESS	1319 ANGELINA CIRCLE		2.3 STREET ADDRESS		
CITY-STATE-ZIP	COLLEGE STATION TX 77840		2.4 CITY-STATE-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, PATRICIA		3.2 NAME		
STREET ADDRESS	POST OFFICE BOX 6357, N/A		3.3 STREET ADDRESS		
CITY-STATE-ZIP	VIRGINIA BEACH VA 23456		3.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, JOHNNY		4.2 NAME		
STREET ADDRESS	POST OFFICE BOX 6357, N/A		4.3 STREET ADDRESS		
CITY-STATE-ZIP	VIRGINIA BEACH VA 23456		4.4 CITY-STATE-ZIP		
TITLE	EXD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURLOW, AKUA		5.2 NAME		
STREET ADDRESS	8018 GLEN LOCH DRIVE		5.3 STREET ADDRESS		
CITY-STATE-ZIP	HOUSTON TX 77061		5.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACK, JULIETTE B		6.2 NAME		
STREET ADDRESS	8930 LOST THICKET		6.3 STREET ADDRESS		
CITY-STATE-ZIP	HOUSTON TX		6.4 CITY-STATE-ZIP		
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: 			7/9/98 (713) 645-1377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E037 (5/98)