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May 21, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005922

1. Corporation Name
FRIENDS FUR LIFE, INC.

Principal Place of Business 101 E GATLIN AVE ORLANDO FL 32806	Mailing Address 101 E GATLIN AVE ORLANDO FL 32806
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/16/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSS, NORMA
1304 BALMY BEACH DR
APOPKA FL 32703

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONEMETZ, JANE	
STREET ADDRESS	1100 S DELANEY AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TILLER, MARTHA	
STREET ADDRESS	2406 DELLWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHERMERHORN, GAY	
STREET ADDRESS	610-106 CRANESWAY ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERREALT, MARK	
STREET ADDRESS	3046 CURRYWOODS CIR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTS, BETH	
1.3 STREET ADDRESS	2565 E. KALEY AVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32806	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUSSELL, QUDREY	
2.3 STREET ADDRESS	3971 ORANGE LAKE DR	
2.4 CITY-ST-ZIP	ORLANDO, FL 32817	
3.1 TITLE	Pugh, Dawn D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	821 Buckwood Dr	
3.4 CITY-ST-ZIP	Orlando, FL 32806	
4.1 TITLE	Johnson, Adrienne D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	821 Buckwood Dr	
4.4 CITY-ST-ZIP	Orlando, FL 32806	
5.1 TITLE	Najor ka, Ken D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	5701 Leon Tyson Rd	
5.4 CITY-ST-ZIP	St. Cloud, FL 34771	
6.1 TITLE	Roberts, D. Q.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2565 E. Kaley Ave	
6.4 CITY-ST-ZIP	Orlando, FL 32806	

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, with all other like empowered.

SIGNATURE: *Gay Schermerhorn* SIGNATURE REQUIRED: *Gay Schermerhorn* 5-20-99
 Date: _____ Daytime Phone #: 407-240-5331

CR2E037 (11/98)