

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL 25 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000061489 (9)

1. Corporation Name
LIFETECH SYSTEMS, INC.

Principal Place of Business
 598
 610 SPINNAKER
 FT. LAUDERDALE FL 33326

Mailing Address
 598
 610 SPINNAKER
 FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1993
 3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
 21 -
 Suite, Apt. #, etc.
 22 **598 Spinnaker**
 City & State
 23 **Fort Lauderdale, FL**
 Zip: 33326 Country: U.S.A.

2a. Mailing Address
 26 -
 Suite, Apt. #, etc.
 27 **598 Spinnaker**
 City & State
 28 **Fort Lauderdale, FL**
 Zip: 33326 Country: U.S.A.

4. FEI Number: 65-0456883
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Elect to Satisfy Requirements: \$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
SALOMON, ALAN F
610 SPINNAKER
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **598 Spinnaker**
 B4 City **Fort Lauderdale** FL B5 Zip Code **33326**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title of corporation) (Print Registered Agent signature, typed or printed name, and title)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOKKEN, ODDVIN D.D.S.
STREET ADDRESS	30 EAST 37TH ST-
CITY ST ZIP	RYE NY 10016
TITLE	V
NAME	MATHEWS BENJAMIN F.
STREET ADDRESS	2916 S.W. 30TH COURT
CITY ST ZIP	COCONUT GROVE FL 33133
TITLE	VD
NAME	OBERST JOHN R.
STREET ADDRESS	11334 EDENDERRY DR.
CITY ST ZIP	FAIRFAX VA 22030
TITLE	D
NAME	SALOMON ALAN F.
STREET ADDRESS	610 SPINNAKER
CITY ST ZIP	FT. LAUDERDALE FL 33326

13. ADDRESS

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	131 FOREST AVE
1.4 CITY ST ZIP	10580
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2920
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	598 SPINNAKER
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or on an amendment with an address.

SIGNATURE: *John R. Oberst* 07/12/95 703 273 2361
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)