

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000061489 (9)

1. Corporation Name

LIFETECH SYSTEMS, INC.



Principal Place of Business

598 SPINNAKER
FT LAUDERDALE FL 33326
US

Mailing Address

598 SPINNAKER
FT LAUDERDALE FL 33326
US

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 11334 Edenderry Dr.
11350 RANDOM HILLS RD
SUITE # 800

26 11334 Edenderry Dr.
11350 RANDOM HILLS RD
SUITE # 800

4. FEI Number

65-0456883

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

SALOMON, ALAN F
598 SPINNAKER
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name JOHN R. OBERST
82 Street Address (P.O. Box Number is Not Acceptable) 11350 RANDOM HILLS RD, SUITE 800
83 N/A
84 City FAIRFAX VA FL 85 Zip Code 22030

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 607.0502, Florida Statutes.

SIGNATURE

Signature typed and printed below the signature of the registered agent. (2001) Registered Agent Signature required when terminated. JOHN R. OBERST N/A 07/27/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME LOKKEN, ODDVIN D.D.S.
STREET ADDRESS 131 FOREST AVE
CITY-ST-ZIP RYE NY

☒ DELETE

TITLE V
NAME MATHEWS BENJAMIN F.
STREET ADDRESS 2920 SW 30TH CT
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

TITLE VD
NAME OBERST JOHN R.
STREET ADDRESS 11334 EDENDERRY DR.
CITY-ST-ZIP FAIRFAX VA 22030

☐ DELETE

TITLE D
NAME SALOMON ALAN F.
STREET ADDRESS 598 SPINNAKER
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400001920584
-08/13/96--01120--032
***225.00

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 119.07(3)(k), 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DD ODDVIN LOKKEN, CEO & DIRECTOR

Date

6/11/96 212-679-1126

Signature Phone #

AS 8/12/96

CR2E034 (12/95)