

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000061489 (9)**

1. Corporation Name
LIFETECH SYSTEMS, INC.

Principal Place of Business 11350 RANDOM HILLS RD SUITE #800 FAIRFAX VA 22030 US	Mailing Address 11350 RANDOM HILLS RD SUITE #800 FAIRFAX VA 22030-6044 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 701 Brickell Ave.		09/02/1993	08/13/1996
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Zip		28 City & State		65-0456883	Not Applicable
24 Country		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30 USA		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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALOMON, ALAN F 598 SPINNAKER FT. LAUDERDALE FL 33326				81 Name INTRASTATE REGISTERED AGENT CORPORATION			
				82 Street Address (P.O. Box number is Not Acceptable)			
				701 Brickell Ave.; Suite 3000			
				83			
				84 City			
				Miami			
				FL			
				85 Zip Code			
				33131			

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 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 agree with the regulations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **INTRASTATE REGISTERED AGENT CORPORATION**
Vice President 2-11-97

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOKKEN, ODDVIN D.D.S.		1.2 NAME	Lokken, Oddvin D.D.S.			
STREET ADDRESS	131 FOREST AVE		1.3 STREET ADDRESS	131 Forest Ave.			
CITY-ST-ZIP	RYE NY		1.4 CITY-ST-ZIP	RYE NY			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VP/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OBERST JOHN R.		2.2 NAME	Oberst John R.			
STREET ADDRESS	11334 EDENDERRY DR.		2.3 STREET ADDRESS	11334 Edenderry Dr.			
CITY-ST-ZIP	FAIRFAX VA 22030		2.4 CITY-ST-ZIP	Fairfax, VA 22030			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALOMON ALAN F.		3.2 NAME				
STREET ADDRESS	598 SPINNAKER		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOHN R. OBERST VP** 01/09/97 7032732009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)