

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000061489 (9)**  
 1. Corporation Name  
**LIFETECH SYSTEMS, INC.**



Principal Place of Business <b>11350 RANDOM HILLS RD SUITE #800 FAIRFAX VA 22030 US</b>	Mailing Address <b>701 BRICKELL AVE 3000 MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip Country	Zip Country
<b>24</b> <b>25</b>	<b>29</b> <b>30</b>

**3.** Date Incorporated or Qualified  
**09/02/1993**

**4.** FEI Number  
**65-0456883**

**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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE**  
**3000**  
**MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOKKEN, ODDVIN D.D.S.</b>
STREET ADDRESS	<b>131 FOREST AVE</b>
CITY-ST-ZIP	<b>RYE NY</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>OBERST JOHN R.</b>
STREET ADDRESS	<b>11334 EDENDERRY DR.</b>
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SALOMON ALAN F.</b>
STREET ADDRESS	<b>598 SPINNAKER</b>
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>LOKKEN, ODDVIN DDS</b>
STREET ADDRESS	<b>131 FOREST AVE</b>
CITY-ST-ZIP	<b>RYE NY</b>
TITLE	<b>VPST</b> <input type="checkbox"/> DELETE
NAME	<b>OBERST, JOHN R</b>
STREET ADDRESS	<b>11334 EDENDERRY DR</b>
CITY-ST-ZIP	<b>FAIRFAX VA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROBERT H. DICK</b>
5.3 STREET ADDRESS	<b>11350 RANDOM HILLS RD # 800</b>
5.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22030</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DP COE</b>
6.3 STREET ADDRESS	<b>MICHAEL J. SHELLEY</b>
6.4 CITY-ST-ZIP	<b>11350 RANDOM HILLS RD # 800</b> <b>FAIRFAX, VA 22030</b>

**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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)