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

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. M...
Secre...
DIVISION OF CORPORATIONS

2/5 96 B: 1137 $

DOCUMENT # **P93000063001 (0)**

1. Corporation Name

**LIFETRAX, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 801 S. OCEAN DR.<br>#1001<br>FT. PIERCE FL 34949 | 801 S. OCEAN DR.<br>#1001<br>FT. PIERCE FL 34949 |

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

3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21 
Suite, Apt. #, etc.
22 
City & State
23 
Zip
24 
Country
25 

2a. Mailing Address
26 
Suite, Apt. #, etc.
27 
City & State
28 
Zip
29 
Country
30 

4. FEI Number: **65-0340357** ☐ 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

**SLOAN, RITA B**
**801 S. OCEAN DR.**
**#1001**
**FT. PIERCE FL 34949**

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 ... DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SLOAN, RITA B | 12 NAME | |
| STREET ADDRESS | 801 S. OCEAN DR., #1001 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL 34949 | 14 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BARNETT, TWANA | 22 NAME | |
| STREET ADDRESS | 485 32ND AVE SW | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | STEADMAN, NANCY | 32 NAME | |
| STREET ADDRESS | 340-39TH CT S W | 33 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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 added by an amendment with an address.

**SIGNATURE:** Rita B. Sloan 2/9/96 407 461-8833

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