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

(1)

0063537

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040372**

1. Corporation Name
LIFEKEEPERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~707 NE 70TH CT.~~	~~707 N.E. 70TH CT.~~
~~BOCA RATON FL 33487~~	~~BOCA RATON FL 33487~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994

4. FEI Number: 65-0498203 [ ] Applied For [ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 11300 US Hwy. 1	26 931 Village Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 400	27 905-168
City & State	City & State
23 N. Palm Beach, FL	28 WPB, FL
Zip / Country	Zip / Country
24 33408 / 25 USA	29 33409 / 30 USA

9. Name and Address of Current Registered Agent

~~LIDDY, GEOFFREY D~~
~~707 N.E. 70TH CT.~~
~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent

81 Name: Norman Piatti
82 Street Address (P.O. Box Number is Not Acceptable): Suite 400, 11300 US Hwy 1
83 N. Palm Beach
84 City: N. Palm Beach FL 85 Zip Code: 33408

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: Norman Piatti — 2/1/99
Signature, typed or printed name of Registered Agent and title if applicable (TITLE Required if Applicable) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	~~PD~~	[X] DELETE	11 TITLE: PD — [X] Change [ ] Addition
NAME	~~LIDDY, GEOFFREY D~~		12 NAME: Norman Piatti
STREET ADDRESS	~~707 N.E. 70TH ST.~~		13 STREET ADDRESS: 11300 US Hwy 1 Suite 400
CITY-ST-ZIP	~~BOCA RATON FL 33487~~		14 CITY-ST-ZIP: N. Palm Beach FL 33408
TITLE	~~D~~	[X] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	~~WOOLBRIGHT, RALPH T~~		22 NAME
STREET ADDRESS	~~29681 PRESTON DR.~~		23 STREET ADDRESS
CITY-ST-ZIP	~~LAGUNA NIGUEL CA 92677~~		24 CITY-ST-ZIP
TITLE	~~D~~	[X] DELETE	31 TITLE [ ] Change [ ] Addition
NAME	~~BERNSTEIN, STANLEY R~~		32 NAME
STREET ADDRESS	~~150 WALT WHITMAN BLVD.~~		33 STREET ADDRESS
CITY-ST-ZIP	~~CHERRY HILL NJ 08003~~		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 (11/98)

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, with all other like empowered.

SIGNATURE: _____ President — 2/1/99 — 561-6168010
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 137843 7177199

AUTHORIZATION :

COST LIMIT : $ 158.75 Patricia Pyatt

ORDER DATE : February 17, 1999

ORDER TIME : 1:19 PM

ORDER NO. : 137843-005

CUSTOMER NO: 7177199

CUSTOMER: Mr. Norman Piatti
Life Keepers, Inc.
931 Village Boulevard

West Palm Beach, FL 33409

ANNUAL REPORT FILING

NAME: LIFEKEEPERS INTERNATIONAL, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: LORI DUNLAP

EXAMINER'S INITIALS: _____