FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000058896 (9)**

1. Corporation Name

LIFE APPRECIATION TRAINING SEMINARS, INC.

Principal Place of Business	Mailing Address
3530 MYSTIC POINTE DRIVE TOWER 500. UNIT 3115 AVENTURA FL 33180	3530 MYSTIC POINTE DRIVE TOWER 500. UNIT 3115 AVENTURA FL 33180

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 1402 Kennedy Causeway
Suite, Apt. #, etc.
22 Suite 203
City & State
23 NORTH BAY Village FL
Zip 24 33141 Country 25 US

2a. Mailing Address
26 1402 Kennedy Causeway
Suite, Apt. #, etc.
27 Suite 203
City & State
28 North Bay Village FL
Zip 29 33141 Country 30 US

4. FEI Number: 65-0511607 ☐ 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**

BATES, MILBERN K
3530 MYSTIC POINTE DRIVE
TOWER 500, UNIT 3115
AVENTURA FL 33180

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

81 Name: MILBERN K. BATES
82 Street Address (P.O. Box Number is Not Acceptable): 1402 KENNEDY CAUSEWAY
83 STE 203
84 City: NORTH BAY Village FL 85 Zip Code: 33141

11. Pursuant to the provisions of Section 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

TITLE	D	☐ DELETE
NAME	BATES, MILBERN K	
STREET ADDRESS	3530 MYSTIC POINTE DRIVE, UNIT 3115	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☒ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	1402 KENNEDY CAUSEWAY STE 203	
1 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-22-96 Daytime Phone: 305-756-1200

CR2E034 (12/95)