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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

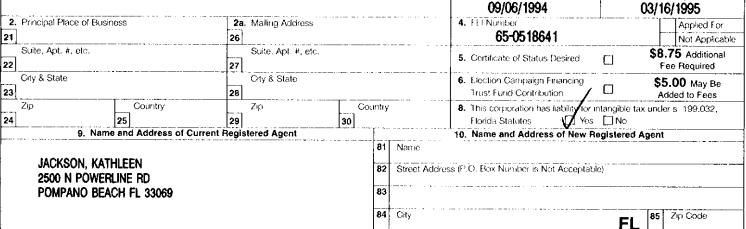
Corporation Name	F94000000404	(4)
LIFE, HEALTH & IN	VESTING, INC.	

Principal Place of Business

Mailing Address

2500 N POWERLINE RD POMPANO BEACH FL 33069

2500 N POWERLINE RD POMPANO BEACH FL 33069



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

familiar w	with, and accept the obligations of, Section 607.0505, Florida Sta	tutes.	. Thereby accept	the appointment as registered agent. I	an
SIGNATURE	Signature typed or printed hame of registered agent and little if apply while	(NOTE: Registers LAgical signature, nonlined when not state at		[hAT)	

	lignature, typed or printed hame of registered agent and little if applicable	(NOTE: Registered Agent signature, require	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D □ DELETE	1 1 TITLE	Change Addition
NAME	JACKSON, KATHLEEN	1.2 NAME	
STREET ADDRESS	2500 N POWERLINE RD	13 STHEFF ADDRESS	
C/1Y-S1-ZIP	POMPANO BEACH FL 33069	1.4 CITY - \$1-7(P	
THILE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAMa		2 2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
C(1Y - S1 - ZIP		2 4 C-TY - ST - ZIP	:
TILE	DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAM:	
STREET ADDRESS		3.3 STREET ADDRESS	
C(1Y - S1 - 2(P		3 4 CHY-ST-ZIP	
TOLE	☐ DELETE	4. 1 TITLE	Criange Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	·
CITY-ST-ZIP		4.4 CHY - \$1 - ZIP	
TITLE	DELETE	5. 1 TITLE	Change Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CHTY - ST - 7IP		5 4 CITY - ST - ZIF	
1111.6	DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
C:TY-ST-ZIP		6 4 CHTY - \$T - 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 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 corpgisation 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, cryonan algorithment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (954)9

3a. Date of Last Report

3. Date Incorporated or Qualified

954)9795859

CR2E034 (12/9)