

FILE NOW. FILING FEE (FTER MAY 15, 225.00)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000078608 (4)**
1. Corporation Name
LIFE MARKETING, INC.

Principal Place of Business: **4817 CYPRESS TREE DRIVE TAMPA FLA**
Mailing Address: **4817 CYPRESS TREE DRIVE TAMPA FLA 33624**



21	2a. Mailing Address:	26
22	2b. Mailing Address:	27
23	2c. Mailing Address:	28
24	2d. Mailing Address:	29
25	2e. Mailing Address:	30

3. Date being filed or Qualified	3a. Date of Last Filing
10/26/96	
4. FEI Number	Applied For / Not Applicable
39-3264327	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. This has Campaign Financing / Political Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**Joyce Tinsley
4817 Cypress Tree Dr
Tampa FL 33624**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. Thereby 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
FD	Joyce Tinsley	VP	Joyce Tinsley
	4817 Cypress Tree Dr		4817 Cypress Tree Dr
	Tampa, FL 33624		Tampa, FL 33624
		PD	Donald Tinsley
			4817 Cypress Tree Dr
			Tampa, FL 33624

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***200.00

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(9)(b), 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: *[Signature]*

055/1196

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