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

DOCUMENT #

P95000002733 (0)

LIFE-YGEN, INC.



4040 0540	of Business	Mailing Address				120 00111 00115		
1340 BENNETT DRIVE LONGWOOD FL 32750		1340 BENNETT DRIVE LONGWOOD FL 32750						
					3. Date Incorporated or Qualifie I 01/02/1995	3a. Date	of Last	t Report
2. Principal Place of Business		2a. Mailing Address	<u></u> F¬		4. FEI Number			Applied For
21]		26			59-3296064			Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired		,	75 Additional ee Required
City & State		City & State			6. Election Campaign Financing	r¬	\$5	.00 May Be
23	T 0	28			1 rust Fund Contribution		Ad	ded to Fees
Zip 24	Country 25	Zip	Countr	У	8. This corporation has liability for in		under	rs 199.032,
24	9. Name and Address of Curr	[29] Fint Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Re			
		- Toplatera Agent	81	Name	TO. Name and Address of New A	egistereo A	gent	
WILLIA	MS, CHARLES G							
	BENNETT DRIVE		82 Street Ac		ldress (P.O. Box Number is Not Acceptable)			
	WOOD FL 32750		83					-
			84	City		FL	85	Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607,1508, Florida Stati	utes, the above	named como	oration submits this statement for the purp ard of directors. I hereby accept the appo	nose of char	LLL Jaina it	te registered office
iarrillai vytti	b, and accept the obligations of, Se	orioa. Seen change was author ection £07.0505, Florida Statuti	rized by the con es.	ooration's boa	ard of directors. I hereby accept the appo	intment as i	egister	red agent. I am
SIGNATURE _	Signature, typod or printed name of registered agr	ent and the if applicance.	NOTE Registered Age	of signature require	(id what renetation)	DATE		
12.		ND DIRECTORS	13.	- a og com require	ADDITIONS/CHANGES TO OFFI		DIREC	TORS IN 12
TITLE	D	F) per ere						
		DELETE	1. 1 TITLE				Chang	e Addition
NAME	WILLIAMS, CHARLES G	□ DETEIE	1. 1 TITLE 1.2 NAME) Chang	e Addition
	155 WISTERIA DRIVE		1.2 NAME] Chang	e 🗌 Addition
NAME		DELETE	1.2 NAME 1.3 STREE	f ADDRESS		E) Chang	je [] Addilion
name Street address	155 WISTERIA DRIVE LONGWOOD FL 32779 D	DELETE	1.2 NAME	f address St-Zip			Chang	
NAME STREET ADDRESS CITY-S1-ZIP	155 WISTERIA DRIVE LONGWOOD FL 32779 D WILLIAMS, OLA R		1.2 NAME 1.3 STREE 1.4 CITY-	f address ST-ZIP				
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certify that the information indicated on this arrival 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: