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Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90113 002 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019091

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

LIFE CHANGES, INCORPORATED

						181 1818 1811 1814 181 1818 1817 1817	
Principal Flace of Business Mailing Address					・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		-e-er ref ther
5701 NICHCLSON DR		5701 NICHOLSON DR					
HUDSON OH 44236 US		HUDSON OH 44236 US		DO NOT WRITE IN TI	US SPACE		
00		00			3. Date Incorporated or Qualifed		
					03/06/1995		
Principal Place of Business 2a.		2a. Mailing Address			4. FEI Number	Ar	olied For
21		26			59-3303602	<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & 5 tar	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	_		Trust I und Contribution	Added t	o Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	ntangible	
24	25	29	30	·	Persor al Property Tax.	☐ Yes	MNo
	9. Name and Address of Curr	ent Registered Agent		 	10. Name and Address of New Registere	d Agent	
edit i	MAN IN A			81 Name			
HILLMAN, LILA 343 SHEFFILD CIR E				82 Street	dress (P.O. Box Number is Not Acceptable)	671	,
PALM HARBOR FL 34683			-		10 JUNGLE QUE	en We	74
rau	W HANDON FL 34003			83	•		
				84 City /		85 Zip C	Tode -
					Oni6BOAT Keu F	L 34	732 <i>8</i>
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	es, the a	bove-named co	propertion submits this statement for the purpose	of changing its	registered
	registered agent, or both, in the Sta im familiar with, and accept the obli				ation's board of directors. I hereby accept the app) ontinent as reg	grsterea
SIGNATURE							ĺ
	Signature, typed or printed nar ie of registered a			Agent signature requ	red when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICERS		
TITLE	PTD	T DEFELE	☐ DELETE 1.1 m			Change	Addition
NAME	HILLMAN, JOY A		1.2 N	AME			
STREET ADDRESS			1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	HUDSON OH		1.4 CI	TY-ST-ZIP			
TITLE	VS	☐ DELETE	2 1 TI	TLE		Change	☐ Addition
NAME	HILLMAN, SAMUEL R		2.2 N	AME			
STREET ADDRESS			2.3 S	TREET ADDRESS			
CITY-ST-ZIP	HUDSON OH		2.40	ITY-ST-ZIP	· <u>·····</u>		
TITLE	1	☐ DELETE	3.1 TI	πE		Change	Addition
NAME			32 N	AME			
STREET ADDRESS			3.3 \$	REET ADDRESS	,		
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change	☐ Addition
NAME			4. 2 N	AME			İ
STREET ADDRESS	1		4.3 ST	TREET ADDRESS			{,
CITY-ST-ZIP			4 4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5177	I/E		☐ Change	Addition
NAME			5.2 N	WE			1
STREET ADDRESS			5.3 \$1	REET ADDRESS			(
CITY-ST-ZIP			5 4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI	TLE .		☐ Change	[] Addition
NAME			6.2 NA	ME			j
STREET ADDRESS			6.3 \$7	REET ADDRESS			1

6.4 CITY-ST-ZIP

14. I hereby sertify that the information supplied with this filling does not qualify for the exemption stated in £ ection 119.07(3-(i)), Florida Statutes, I further cer ify 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 path; that I are an officer or director of the corporation of 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 phanged, or on an attachment with an address, with all ther like empowered.