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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000020067 (1)

FILED Apr 17 1998 8:00am Secretary of State

SAVE-A-LIFE, INC. Principal Place of Business Mailing Address 2609 N.W. 6TH AVENUE 2809 N.W. 6TH AVENUE WILTON MANORS FL 33311 WILTON MANORS FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 65-0571488 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žιο Country Zip Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PETERS, FRED A 2609 N.W. 6TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 WILTON MANORS FL 33311 83 Zip Code 11. Pursuant to the provisions of Sections 607.050? 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change TITLE 1.1 TITLE PETERS, FRED A 1.2 NAME NAME 2609 N.W. 6TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS WILTON MANORS FL 33311 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PETERS, WILMA C 22 NAME NAME 2609 N.W. 6TH AVENUE 2.3 STREET ADDRESS STREET ADORESS WILTON MANORS FL 33311 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE PETERS, MICHAEL D NAME 3.2 NAME 2609 N.W. 6TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS WILTON MANORS FL 33311 City-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST- ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.