FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

P95000034911 (4)

DOCUMENT # P

1. Corporation Name

LIFE DIRECTIONS, INC.

FILED Jun 01 1998 8:00am Secretary of State

| LIFE | DIRECTIONS, INC. | | | | | |
|---|--|------------------------------|--------------------------------|----------------------|--|--|
| Principal Pl | lace of Business | Mailing Address | | | P COURTOUR PLU LOUGH DITTH BOTT GOTT GOTH GOING CONTROL | |
| 25 SECOND STREET NORTH SUITE 300 ST. PETERSBURG FL 33701 | | 25 SECOND STREE SUITE 300 | | | DO NOT WRITE IN THIS | SPACE |
| SI. METER | ISBURG FL 33701 | SI. PETENSBUNG P | ST. PETERSBURG FL 33701 | | 3. Date Incorporated or Qualified | |
| | | | | | 04/28/1995 | |
| | al Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 12/3 | 213 16th Street North 26 1213 16th Str | | | North | 65-0581245 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | |). | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| | City & State City & State | | | . سو | 6. Election Campaign Financing | \$5.00 May Be |
| 23 <u>5+.</u> Zip | Peter Shung 16 Country | 28 St. Pet. | 5t. Petersburg, FC 7ip Country | | Trust Fund Contribution | Added to Fees |
| 24 837 | | 29 33.705 | —— | rellas | This corporation owes or has paid the cu Personal Property Tax due June 30. | Yes No |
| 24 000 | 9 Name and Address of Curren | 11 | 130 17 | | 10. Name and Address of New Registered | |
| FELDER, BEN ESQ 81 Name | | | | | | |
| 42 FIRST STREET S.E. | | | | Street Add | dress (P.O. Box Number is Not Acceptable) | |
| ST. PETERSBURG FL 33701 | | | | Street Add | dress (F.O. Box Number is Not Acceptable) | |
| · ` | on resemble to sort | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| | | | 65 | City | FL | 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Signature: typest or printed traces: Of registerest agent and title is aggissable. (NOIL, Hagistored Agent signature required when reinstating). DATE | | | | | | |
| 12. | OF LICERS AN | | 13. | letii siğuature redi | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 |
| TITLE | P | DELET | | | TIDDITION OF THE PROPERTY OF T | Change Addition |
| NAME | HUTTON, ELIZABETH | | 1.2 NAME | 1 | | 3 |
| STREET ADDRESS 25 SECOND ST N., #300 | | | 1.3 STREET ADDRESS // | | 213 16th Street North | [[|
| CITY-ST-ZIP ST. PETERSBURG FL 33701 | | | | | St. Petersburg, Fr 33705 | 3 |
| TITLE | | DELETI | E 2.1 THTLE | | | ☐ Change ☐ Addition ☐ |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRES | ss | | 2.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CHY | S1-ZIP | | |
| TITLE | DELETE | | E 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | 1 | | |
| STREET ADDRES | SS | | 3.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | T garage | 3.4. C/TY | ST-ZIP | | 1 0 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| TITLE | | ☐ DELET | 1 | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAMI | | | |
| STREET ADDRES | SS | | | 1 ADDRESS | | |
| CITY-ST-ZIP | | DELETI | 4.4 CITY- | ST-ZIP | | Change Addition |
| TITLE | | ניין טנינוו | 1 | | | Change C Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRES | SS | | | I AODRESS | | |
| CITY-ST-ZIP | | ☐ DELET | 54 CHY- E 6.1 TITLE | S1-ZIP | | Change Addition |
| TITLE | | ויין מבובוו | 6.2 NAME | | 8000025449 | 78 4/1 |
| NAME OTOCCT ADDOCS | ce l | | | T ADDRESS | -0 <mark>6/0</mark> 2/98010870 | 10 1 1 |
| STREET ADDRES | 20 | | | | ***150.00 | 10 / W// |
| CITY-ST-ZIP | | | 6.4 C(TY- | 31-21r | | |

14. I hereby certify that the information supplied with this filing 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.

IONATURE SIX

A/21/98

(812) 504-6222