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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054135 (5)

1. Corporation Name

HANDICAPPED & ELDERLY LIFE PRODUCTS, INC.

Principal Place of Business

777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401-6161



3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

21 241 Bradley Place

Suite, Apt. #, etc.

22

City & State
Palm Beach, FL

23

Zip

33480

Country

US

2a. Mailing Address

26 241 Bradley Place

Suite, Apt. #, etc.

27

City & State
Palm Beach, FL

28

Zip

33480

Country

US

4. FEI Number

65-0611388

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CHAUNCEY, HARRISON K JR.
777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Harrison K. Chauncey, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

241 Bradley Place

83

84 City

Palm Beach

FL

85 Zip Code

33480

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D CHAUNCEY, HARRISON K JR.
STREET ADDRESS
777 SOUTH FLAGLER DRIVE, SUITE 200
CITY-ST-ZIP
WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

241 Bradley Place
Palm Beach, FL 33480

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

Daytime Phone #

CR2E034 (9/96)