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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 10 1997 8:00am

Secretary of State

813. 734, O332.

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097674 (2)

NEW LIFE, INC.

NAME

STREET ADDRESS

SIGNATURE:

hamily and the second	plied For I Applicable Additional quired May Be o Fees
TARPON SPRINGS FL 34889 TARPON SPRINGS FL 34889 9405 2. Principal Place of Business 2. Malling Address 2. Malling Address 3. Date Incorporated or Qualified 12/22/1995 05/28/1998 4. FEI number Age 59-3358215 No. Suite, Agit #, etc. Suite, Agit #, e	plied For t Applicable Additionat quired May Be o Fees
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Suite, Apl #, etc. Suite, Apl #, etc. Suite, Apl #, etc. Suite, Apl #, etc. Scripticate of Status Desired \$8.75 / Fee Re City & State Country Zip Country Significant of Statutes Xip Yes No No Name and Address of Current Registered Agent Significant of Statutes Xip Yes No No Name and Address of Current Registered Agent Significant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or hold, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Sign	quired May Be o Fees
City & State City & State City & State Country	o Fees
24 346 98 25 U.S.A 29 34698 30 U.S.A. Florida Statutes Yes No 9. Name and Address of Current Registered Agent PEREZ, FERNANDO III 401 EAST JACKSON STREET STE 2400 TAMPA FL 33602 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	199.032,
PEREZ, FERNANDO III 401 EAST JACKSON STREET STE 2400 TAMPA FL 33802 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL BS Zip G 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature: bysid or protect incoming the purpose of changing it of the purpose of the purpose of changing it of the purpose of changing it of	
401 EAST JACKSON STREET STE 2400 TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 0 85 Zip 0 Received 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 agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. 86 City FL 85 Zip 0 87 Zip 0 Received 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 agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. 88 City FL 85 Zip 0 89 Zip 0 Received Agent along the corporation's board of directors. I hereby accept the appointment as agent. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. 89 Street Address (P.O. Box Number is Not Acceptable) 80 Received Agent signature required when reinstating) 80 DATE DA	
TAMPA FL 33602 83 84 City FL 85 Zip 0 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 it 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or peopled transit of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Intermediate the provisions of Sections 607.0502 and 607.0505, Florida Statutes. SIGNATURE Signature, typical or peopled transit of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE PRICE, DAVID 2880 EAST KOLSTERMAN ROAD 1.3 STREET ADDRESS CITY-ST-ZIP 1/1/11 1/2 OFFICERS AND DIRECTORS 1.4 CITY-ST-ZIP 1/1/11 Change	
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CITY: ST-7AP 54 CITY-ST-ZIP	

6.2 NAME 6.3 STREET ADDRESS

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.