

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

FILED
May 14 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 # P96000023840 (7)
 1. Corporation Name
EARTH LIFE PRODUCTS CO.



Principal Place of Business 18840 US HWY. 19 NORTH SUITE 400-A CLEARWATER FL 34624	Mailing Address 18840 US HWY. 19 NORTH SUITE 400-A CLEARWATER FL 34624-3120
--	---

3. Date Incorporated or Qualified 03/13/1996	3a. Date of Last Report
4. FEI Number 59-3368097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2230 Orangeside Rd Suite, Apt. #, etc.	2a. Mailing Address 26 35246 US Hwy 19 N Suite, Apt. #, etc.
22	27 Suite 318
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor, FL
Zip 24 34683	Country 25 USA
Country 29 USA	Zip 30 34684

9. Name and Address of Current Registered Agent
WARD, TERESA M
18840 US HWY. 19 NORTH
SUITE 400-A
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
B1 Name WARD, TERESA M.
B2 Street Address (P.O. Box Number is Not Acceptable) 2230 ORANGESIDE RD.
B3
B4 City PALM HARBOR FL B5 Zip Code 34689

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 *Teresa M. Ward* **TERESA M. WARD** DATE **4/28/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EATON, EGERTON R	
STREET ADDRESS	18840 US HWY. 19 NORTH, STE. 400-A	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WARD, TERESA M	
STREET ADDRESS	18840 US HWY. 19 NORTH, STE. 400-A	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WARD, TERESA M	
2.3 STREET ADDRESS	2230 ORANGESIDE RD	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 *Teresa M. Ward* **TERESA M. WARD** DATE **4/28/97** **813-772-0700**

CR2E034 (9/96)