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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000035255 (4)

LIFE'S LEADING EDGE, INC.

## **FILED** Apr 10 1997 8:00am Secretary of State



Principal Place 1801 N. WICKH MELBOURNE FI	HAM ROAD, STE, 5	1801 N. WICI	Mailing Address 1801 N. WICKHAM ROAD, STE. 5 MELBOURNE FL 32935-8115						
						3. Date Incorporated or Qualified 04/19/1996	3a. Dat	te of Last R	eport
2. Principal P	face of Business	2a. Mailing	Address			4. FEI Number		Ar	plied For
21		26				59-337918	4	No	of Applicable
Suite, Apt 22	#, etc	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & Si 28	ate			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	•
Zip	Country	Zip	ļ.	— Countr	У	8. This corporation has liability for			199.032,
24]	25	29		30				No	
	g. Name and Address of Cu	urrent Registered Age	ent	8-	Nama	10. Name and Address of New Re	gistered A	gent	
1801	'es, thomas m 1 n. wickham road, ste. :	5		82		Idress (P.O. Box Number is Not Acceptal	ole)	<del></del>	·
MEU	BOURNE FL 32935				)			<del></del>	
				84	City		FL	<b>85</b> Zip (	Code
office or r	registered agent, or both, in the sam familiar with, and accept the of the large transfer to the same of register of the control of the same of the sa	State of Florida, Such obligations of, Section and title 1 applicable S AND DIRECTORS	change was au 607.0505, Flor (NOTE:	thorized bida Statute	y the corpo	orporation submits this statement for the pration's board of directors. I hereby acceration's renstating)  ADDITIONS/CHANGES TO OFFICE	DATE DERS AND	DIRECTOR	registered
ग्वार्	D	Ĺ	DELETE	1.1 TITLE				L Change	Addition
NAME	HAYES, THOMAS M	A== -		1.2 NAME					
STREET ADDRESS	1801 N. WICKHAM ROAD,	SIE. 5		1.3 STREE	T ADDRESS				
CITY - ST - 7IP	MELBOURNE FL 32935		I SELECT	1.4 City	ST-ZIP				
THILE		L	DELETE	2.1 TITLE	[		,	Change	Addition
NAME				2 2 NAME					
STREET ADDRESS	<b>\</b>			1	T ADDRESS				
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NAME				3 2 NAME	.			Lad Ollango	L4 1.00
STREET ADDRESS					T ADDRESS				
				3.4. CITY					
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		ı	_ vereir	4. 2 NAM	: [			m cuands	
TITLE NAME		L	_ occen	4. 2 NAM				L_) Change	
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TITLE NAME STREET ADDRESS			] DELETE	4. 2 NAM 4.3 STREE	T ADDRESS		<u> </u>	☐ Change	Addition
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THE NAME STREET ADDRESS CITY-ST-ZIP THE				4. 2 NAM 4.3 STAFI 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP		<del></del>		Addition
THEE NAME SHEET ADDRESS CHY-SI-ZIP THEE NAME				4. 2 NAM 4.3 STAFI 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP ST ADDRESS				☐ Addition
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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 of Lam 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 13 of changed, or on an attachment with an address.

Daytime Phone #

0103787