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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT 1998		Secreta	3. Mortham  bry of State  CORPORATIONS	Secretary of State	
1	MENT # P96000 I FLORIDA LIFELINE, INC.	0050012 (9)		I FRENITEN NÆ IDNIK ENNN ERNN ERNN ERN ER	II OCURI ENDI RODU ARIRI MONO MAN NEN
Disciplina Disc	- 40	N. C. A.	<del></del>		[
Principal Place of Business Mailing Address  3915 BISCAYNE BLVD PO BOX 378006 4TH FLOOR MIAMI FL 33137 WS US					
				DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SPACE
				06/12/1996	
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Afc	Suite, Apt. #, etc.		65-0694741	Not Applicable  \$8.75 Additional
22	w, Q10.	27		5. Certificate of Status Desired	Fee Required
City & Stat	Ø	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has pain Personal Property Tax due June 3	
24	9. Name and Address of Curren		301	10. Name and Address of New Reg	
MU	IRAI, WALD, BIONDO & MORENO	D, P.A.	81 Name		
25 S.E. 2ND AVENUE			82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)
SUITE 900			83		
j MIA	VMI FL 33131		03		
			84 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the putition's board of directors. I hereby accept	1
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	tion's board of directors. I hereby accept	t the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS AND		E: Registered Agent signature requi	ired when roinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12.	P	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MOHAMAD, FELICIANO	_	1.2 NAME		_ •
STREET ADDRESS	1700 SW 74 AVE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	<del></del>	1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		Change Addition
NAME DODGE	MOHAMAD, LUCIA 1700 SW 74 AVE RD		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	-	
TITLE		☐ DELETE	3.1 VITLE		Change Addition
NAME	ESPIN JR, ROBERTO		3.2 NAME		
STREET ADDRESS	531 ARVIDA PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	GABLES ESTATES FL	T or ste	3.4. CITY - ST - ZIP		
TITLE	VP ESPIN, GILDA	☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	531 ARVIDA PKWY		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	GABLES ESTATES FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	. <del></del>	DELETE	5 4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		□ bett1€	6.2 NAME		El Anglithii
STREET ADDRESS			6.3 STREET ADDRESS		ļ

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 charged or on an attachment with an address.

Jan 27 1998 8:00am