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Jan 29, 1999 8:00am  
Secretary of State

0430190

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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01-29-1999 90008 047 \*\*\*\*\*150.00

DOCUMENT # P96000089816

1. Corporation Name

LIFE MANAGEMENT INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1267 TIMBERIDGE LOOP N LAKELAND FL 33809		Mailing Address 1267 TIMBERIDGE LOOP N LAKELAND FL 33809	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip Country		Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent			
BYWATER, JOSEPH G LIFE MANAGEMENT INTERNATIONAL, INC. 2000 E EDGEWOOD DR SUITE 108B LAKELAND FL 33809			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
FL 85 Zip Code			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	GODWIN, PIUS N	1.2 NAME	
STREET ADDRESS	1267 TIMBERIDGE LOOP N	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GODWIN, LOUELLA M	2.2 NAME	
STREET ADDRESS	1267 TIMBERIDGE LOOP N	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	
TITLE	BYWATER, JOSEPH G	3.1 TITLE	
NAME	LIFE MANAGEMENT INTERNATIONAL, INC.	3.2 NAME	
STREET ADDRESS	2000 E EDGEWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUITE 108B	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: LoUELLA M. Godwin REQUIRED

1/13/99

941-859-3418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LoUELLA M. Godwin