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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100936 (9)

NEWLIF	FE HEALTH PRODUCTS, IN	C.			
Principal Place	o of Business	Mailing Address			PRINT CONTROL INCOME INTO BUILDING
Principal Place of Business		•			
5616 TRIMBLE PARK ROAD MT. DORA FL 32757		(5616 TRIMBLE PARK ROAD) MT. DORA FL 32757			
				DO NOT WRITE IN THIS SPACE	
		change to		3. Date Incorporated or Qualified	
- B		V		12/09/1996	
<u> </u>	lace of Business	2a. Mailing Address	oran Blud	4. FEI Number	Applied For
Suite, Apt.	# oto	26 787 Semic Suite, Apt. #, etc.		59-3414511	Not Applicable \$8.75 Additional
22	#, 6tc.	27 Fern Pay	4	5. Certificate of Status Desired	Fee Regulred
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 FLorida	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 32730 3	o USA	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
MARTIN, HAEKYOUNG H					
5616 TRIMBLE PARK ROAD MT. DORA FL 32757			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				-	- L 00 2-10 00000
office or re	io the provisions of Sections 607.0502 e <mark>gister</mark> ed agent, or both, in the State in (<mark>amiliar with, and accept the obliga</mark>	ol Florida. Such change was aut	thorized by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed y sprint din the directored age.	il and title d'applicable (NOTE F	Registered Agent's gnature requi	ared when reinstaling) DA1	,
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P H	☐ DELETE	1.1 DILE		Change Addition
NAME	MARTIN, HAEKYOUNG 🏭 Yu	(1 th 1 t	1.2 NAME		
STREET ADDRESS	REET ADDRESS 5616 TRIMBLE PARK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757		1.4 CHY-ST-ZIP	······	
TITLE	D	DELETE	2.1 TITLE		L. Change L. Addition
NAME	HAN, WAN CHONG		2.2 NAME		
STREET ADDRESS	5616 TRIMBLE PARK ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757	Document	2.4 CITY-ST-ZIP		Change Addition
TITLE		L_J DELETE	31 TITLE		Change Addition
NAME DEDECT ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S1-ZIP 4.1 TITLE		Change Addition
NAME		Particle	4. 2 NAME		rgo room(o)1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St- <i>T</i> IP		
TITLE	, , , _ , , , , , , , , , , , , , , , ,	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - S1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP			6.4 CITY-ST-ZIP		
indicated of the indica	on this annual report or supplementa	l annual report is true and accur iver or trustee empowered to ex	ate and that my signatu	Section 119.07(3)(i), Florida Statutes. I furthe are shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and th	under oath; that I am an

11/2/02