


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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~499815~~ (4)
1. Corporation Name *Prescription for Life, Inc.*
P97000059070

Principal Place of Business
5660-G W CYPRESS ST
P. O. BOX 1038
TAMPA FL 33607
US

Mailing Address
~~5660-G W CYPRESS ST~~
P. O. BOX 1038
TAMPA FL 33607
US *SAME*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 *475 Bosphorus Ave*
Suite, Apt. #, etc.
22
City, State
23 *TAMPA FL*
Zip
24 *33606*
Country
25 *USA*

2a. Mailing Address
27 *SAME*
Suite, Apt. #, etc.
28
City & State
29
Zip
30

3. Date Incorporated or Qualified

4. FEI Number
"applied for"
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CRAICHY, K.C.
5660-G W CYPRESS STREET
S200
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name *KCCraichy*
82 Street Address (P.O. Box Number is Not Acceptable)
475 Bosphorus Ave
83
84 City *TAMPA FL* 85 Zip Code *33606*

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *KCCraichy*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	CRAICHY, K.C.
STREET ADDRESS	5660-G W CYPRESS ST
CITY-ST-ZIP	TAMPA FL
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>CHAIRMAN/CEO/pres</i>
1.3 STREET ADDRESS	<i>KCCraichy (SAME)</i>
1.4 CITY-ST-ZIP	<i>475 BOSPHORUS AVE</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<i>TAMPA FL 33606</i>
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	<i>200002579802</i>
6.3 STREET ADDRESS	<i>-07/06/98--01006--037</i>
6.4 CITY-ST-ZIP	<i>***150.00</i>

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 holder of a duly 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 *KCCraichy*
CEO KCCraichy

CR2E034 (10/97)