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

CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1998 8:00am

Secretary of State

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3-12-58

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070504 (0)

LIFE CARE KNOWLEDGE INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address		- I TODINGO HIR COLN LODR CONTROL MILITARI PAR HORIZA GOLIN CONTROL MARKET DA	DIM DIELE DRIEF MINE ENDE	
8644 NW 70TH PL.		6644 NW 70TH PL.		1		
PARKLAND FL 33087		PARKLAND FL 33067		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				08/14/1997		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0779494	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional	
City & State		City & State			Fee Required	
23		28			5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current		
24	25	29	30	Personal Property Tax due June 30.		
	g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TANNENBAUM, MICHAEL D 81 Name MADC C. VALEMAN						
2181 PALM BEACH LAKES BLVD., STE. 304			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
W. PALM BEACH FL 33409 66 44 N. W. 70 F. PL.						
B DADVIAND						
			84 City	R6	Zip Code	
				FL_ ~	33062	
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 a cept the obligations of, Section 607.0505 Florida Statutes.						
SIGNATURE	111. 1 av	atton) oldeanling ti shit bia longulu	<u>८ऽ · </u>		0	
40	Significal typed or publish name of regist of	S AND DIRECTORS	Registered Agent signature requi		DECTORS IN 10	
12.	Ornetho	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	Change Addition	
NAME	MARC KAUSH	- A!	1.2 NAME			
STREET ADDRESS	LLUU N.W.	TO the PL	1.3 STREET ADDRESS			
CITY-ST-ZIP	DARKLAND	PL 33067	1.4 CITY-ST-ZIP			
TITLE	<u> </u>	DELETE	2.1 TITLE		Change	
HAME	MARC KAUFE	24.0	2.2 NAME	•		
STREET ADDRESS	6644 N.W. 7	OM PC	2.3 STREET ADDRESS			
CITY-ST-ZIP	DARKLAND, F	L 33067	2. 4 CITY-ST-ZIP			
TMLE		DELETE	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		T 85,555	3.4. CITY-ST-ZIP		61	
TITUE		☐ DELETE	4.1 TITLE	L1	Change [_] Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		_ весек	5.2 NAME		Onlings C Rocklott	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	
MAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	certify that the information supplied	ed with this filing does not qualify for		Section 119.07(3)(i). Florida Statutes. I further certify	that the Information	
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 suppliemental 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 empsywered 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.						