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

PROFIT : CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000002386
1. Corporation Name	1 0000000000000000000000000000000000000

LIFESPIN CORPORATION



05-04-1999 90128 007 ***150.00

				<u> </u>		30010 0111 1001
Principal Place of Business Mailing Address) 1221120 174 12101 1211 WALL SALE SALE SALE FOR THE THE SALE SALE SALE SALE SALE SALE SALE SAL				
7640 NW 6TH	ST.	7640 NW 6TH ST.				
PLANTATION F		PLANTATION FL 33324		DO NOT WRITE IN T	HIS SPACE	
Bunda	and.	•		3. Date Incorporated or Qualifed		
170000	C A			01/07/1998		
2 Deineinei	leas of Business	2a Mailing Address		4. FEI Number	An	plied For
 -	lace of Business	2a. Mailing Address		65-0836345	<u> </u>	t Applicable
21 Suito Ant	# ata :	Suite, Apt. #_etc.			\$8.75	
Suite, Apt.	m, out.	27 P. 1 Bu + 6	630-698	5. Certifcate of Status Desired	Fee Re	
City & Stat	20	City & State	7-0-07	6. Election Campaign Financing	\$5.00	Movi Bo
-, ·		28 Mlam 1	t L	Trust Fund Contribution	Added t	· ·
23 Zip	Country	Zip -	Country /	8. This corporation owes the current year	*	
-, '	25	29 37 779 3	7 // ~ /	Personal Property Tax.	Yes	<u></u>
24	9. Name and Address of Currer		- wone	10. Name and Address of New Registe		
		<u> </u>	81 Name 7	7 1 -11	$\overline{\mathcal{L}}$	
HEN	IDEL, KENNETH		20 2	homas A. Javoo	<u> </u>	
7640	NW 6TH ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•	
-> PLAI	NTATION FL:33324		83	w/c /. v.		
-	· ·			·····		
<u>-</u>			84 City (2)	intalion !	FL 85 型	Dode フレ
11 Pursuant	to the provisions of Sections 607 050	22 and 687 1508 Florida Statutes	the above-named corp			registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	norized by the corporation	poration submits this statement for the purposon's board of directors. I hereby accept the a	ppointment as re-	gistered
agent. I a	m familiar with and accept the obliga	itidns df, Section 607.0505, Florid	Thomas F	4 Talbot 4	123/99	
SIGNATURE	Signature, typed or printed name of registered age	MOTE B	egistered Agent signature require		F 1 17 7	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE		cretary DELETE	1.1 TITLE		Change	Addition
NAME	۱۷۴ د مشنسا	agay	1.2 NAME			
STREET ADDRESS	TEA HERIAE	St.#E202	1.3 STREET ADDRESS			
	Miami F	73179	1.4 CITY-ST-ZIP		-	
CITY-ST-ZIP TITLE	VII COM ()	DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME	•		
			2.3 STREET ADDRESS	•		•
STREET ADDRESS						
CITY-ST-ZIP ·		☐ DELETE	2. 4 CITY-ST-ZIP	<u> </u>	Change	Addition
TITLE	}		3.2 NAME	•		_
NAME						
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		☐ Change	[**] Addition
TITLE	ř	□ nċre≀e	4.1 TITLE			
NAME	·		4. 2 NAME	•	•	
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP	-	C nei ETE	4.4 CITY-ST-ZIP		· · Change	Addition
TITLE		☐ DELETE	5.1 TITLE		· Linuinge	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-		
TITLE		☐ DELETE	6.1 TITLE	•	Change	Addition
NAME .			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			•

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 another like empowered.

SIGNATURE:

CITY-ST-ZIP