

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Sherrine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY -4 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056507

1. Corporation Name

LIFE PARTNERS, INC.

Principal Place of Business

Mailing Address

ALTALOMA AVE  
ORLANDO FL 32803

P.O. BOX 2492  
ORLANDO FL 32802-2492

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

32 North Bumby Ave.

2a. Mailing Address

32 North Bumby Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Orlando, FL

Orlando, FL

Zip 32803

Country USA

Zip 32803

Country USA

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

59-3530286

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 Fees8. This corporation owes the current year  
Intangible Personal Property.☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUAREZ, LYN P

436 ALTALOMA AVE  
ORLANDO FL 32803

32 North Bumby Ave.  
Orlando, FL 32803

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JUAREZ, JOCELYN T  
STREET ADDRESS 436 ALTALOMA AVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME JUAREZ, LYN  
STREET ADDRESS 436 ALTALOMA AVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME JUAREZ, JOCELYN  
STREET ADDRESS 436 ALTALOMA AVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME JUAREZ, LYN P  
STREET ADDRESS 436 ALTALOMA AVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 person or persons 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:

SIGNATURE REQUIRED

4/20/00 (407) 999-9990

KE