### 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 # **P98000061085**1. Corporation Name

LIFEGUIDE, INC.

Principal Pla	ace of	Business
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Mailing Address

# **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90051 043 \*\*\*150.00

2420 S.E. 17TH FT. LAUDERDAL	STREET APT. 305 2420 S.E. 17TH STREET APT. 305 FL 33316 FT. LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
						07/09/1998		-		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-085520	u:	<u> </u>	pplied For		
21		26			07-0017 00			ot Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee R	Additional equired	
City & State	9	City & State	<del>-</del> 7 '			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country 25	Zip 30	¬ '			8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent					
EPSTEIN, SANDFORD 2420 S.E. 17TH STREET APT. 305			81	Name					]	
			82	2 Street Address (P.O. Box Number is Not Acceptable)						
FT. L	AUDERDALE FL 33316		83	1	·····					
			84	City			FL	<b>85</b> 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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature n	required who	en reinstating)	DATE			
12.	OFFICERS AND		13.		т	ADDITIONS/CHANGES TO OF				
TITLE	D	☐ DELETE	1.1 TITLE				ι	Change	☐ Addition	
NAME	EPSTEIN, SANDFORD		1.2 NAME							
STREET ADDRESS	2420 S.E. 17TH STREET APT. 305		1.3 STREE	TADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-S	ST-ZIP	<u> </u>					
TITLE	D	☐ DELETE	2.1 TITLE		ļ	•		_ Change	Addition	
NAME	GREGO, HAL		2.2 NAME							
STREET ADDRESS	ALOO OF ATTA OTHER ADT ONE		2.3 STREE	TADORESS	1				ì	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		2. 4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	3.1 TITLE				E	Change	☐ Addition	
NAME			3.2 NAME						1	
STREET ADDRESS			3.3 STREE	TADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DELETÉ	4.1 TITLE				Ε	Change	☐ Addition	
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			·			
TITLE		☐ DELETE	5.1 TITLE				Ł	_ Change	☐ Addition	
NAME			5.2 NAME						(	
STREET ADDRESS			5.3 STREE	TADDRESS	1					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 TITLE			,	[	Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADORESS	-					
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	<u> </u>	. 440.07(0)(1) 51 (1) 51 (1)				

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 all other like empowered.