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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S17875

LIFE STAT, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90008 026 ***150.00



Principal Place	e of Business	Mailing Address		1				
1000 NE 14TH	AVE	P. O. BOX 85034						
#203		HALLANDALE FL 33008-5034		ļ.	DO NOT WO!	TE IN THIS	CDACE	
HALLANDALE FL 33009 US		บร	A Date la	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US					3/1990		_	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Nu	mber		- 7	pplied For
21		26 1000 N.E. IA	AVE	58-19	144664	_	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- 0-44	ate of Status Desired		\$8.75	Additional
22		27 # 203		5, Certific	ate of Status Desired	سا	Fee f	Required
City & State		City, & State		6. Electio	n Campaign Financing		\$5.00	May Be
23	•	28 HALLANDAL	E FL	Trust F	und Contribution		Added	to Fees
Zip	Country	Zip	Country	8. This co	orporation owes the curr	ent year Int	_=	1
24	25	29 3 2009 30	25		nal Property Tax.		Yes	□No
	Name and Address of Current	t Registered Agent			and Address of New F	Registered	Agent	——
TAIR	IN CANDOA		81 Na	me				
TAVLIN, SANDRA			82 St	eet Address (P.O. Box	Number is Not Accepta	able)		
1000 NE 14TH AVE #203								
MALI	LANDALE FL 33009		[83]					J
		••	84 Ci	y		FL	85 Ziş	Code
	to the provisions of Sections 607.0502	and 607 1509 Florida Statutes	the above na	ned compration submi	ts this statement for the	numose of	changing i	ts registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligations.	of Florida. Such change was autho	onzed by the	orporation's board of	directors. I hereby acces	pt the appoi	ntment as	registered
SIGNATURE	·					DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Rec	istered Agent sign	ture required when reinstating)		DATE EICERS AN	ID DIRECT	ORS IN 12
SIGNATURE	OFFICERS AND	t and title if applicable. (NOTE: Rec	istered Agent sign		ONS/CHANGES TO OF		ID DIRECT	
SIGNATURE 12. TITLE	OFFICERS AND	t and title if applicable. (NOTE: Rec	13.					
SIGNATURE 12. TITLE NAME	OFFICERS AND PD TAVLIN, SANDRA	t and title if applicable. (NOTE: Rec	istered Agent sign: 13. 1.1 TITLE 1.2 NAME	ADDITIO				
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD TAVLIN, SANDRA 1000 NE 14TH AVE #203	t and title if applicable. (NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI	ADDITIO				
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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 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.