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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(7)

TRIANGLE OF LIFE, INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business
JACKSONVILLE FL 32247-0068 JACKSONVILLE FL 32247-0068 JACKSONVILLE FL 32247-0068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1992 4. FEI Number 59-3108160 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Afficiant of Status Desired Frust Fland Contribution Personal Financing Trust Fland Contribution Personal Property Tax due June 30. ★ yes No
2. Principal Place of Business
3. Date Incorporated or Qualified Oz/27/1992 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified Oz/27/1992 4. FEI Number 5. Gerifficate of Status Desired 5. Certificate of Status Desired 5. Certifi
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22 27 5. Certificate of Status Desired
City & State City & State City & State City & State City & State City & State City & State City & State City & State Country St. Floritic Country St. This corporation cwes or has paid the current year intangible Personal Property Tax due June 30. Yes No. No. Yes No. Yes No. Yes Yes No. Yes Ye
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Zip Country Zip Country
9. Name and Address of Current Registered Agent ROUSSELLE, ROLAND 4975 SAN JOSE BLVD SUITE 108 JACKSONVILLE FL 32207 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DD ADELETE 11. TITLE Change Addition NAME ROUSSELLE, ROLAND 1.2 STREET ADDRESS GTY- ST- ZIP TITLE JACKSONVILLE FL JACKSONVILLE FL JELETE 2.1 TITLE JChange Addition Addition NAME Addition Addition
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6.4 CITY-51-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 approal report of supplemental approal report is true and accurate and the property of supplemental approal report is true and accurate and the property of supplemental approal report is true and accurate and the property of supplemental approal report is true and accurate and the property of supplemental approal report is true and accurate and the property of supplemental approal report is true and accurate and the property of supplemental approal report is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and accurate and the property of supplemental approach is true and the property of supplemental approach is true and t

curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

737-7348