

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:29

DOCUMENT # **V26333** (7)

1. Corporation Name:
HANDICAPPED & ELDERLY LIFE PRODUCTS, INC.

Principal Place of Business: **8259 N. MILITARY TRAIL SUITE 9 PALM BEACH GARDENS FL 33410 US**
Mailing Address: **8259 N. MILITARY TRAIL SUITE 9 PALM BEACH GARDENS FL 33410 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1992	3a. Date of Last Report 01/20/1994
4. FEI Number 65-0327961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 5399 NE 14th Ave	2a. PO Box 33418
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. FT. LAUDERDALE, FL	27. PALM BEACH GARDENS, FL
24. 33334	29. 33420-3418

9. Name and Address of Current Registered Agent
**KEARNEY, EDWARD A.
8259 N. MILITARY TRAIL
SUITE 9
PALM BEACH GARDENS FL 33410**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0802 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	KEARNEY, EDWARD A.
STREET ADDRESS	8259 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	PO Box 33418 NA PALM BEACH GARDENS, FL 33420-3418
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information contained in this filing is substantially true and correct and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information indicated on the legal report or supplemental annual report is true and correct and that the corporation shall have the same legal effect as if such information appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:
EDWARD A. KEARNEY

7/3/95 107625-1007