SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:19

DOCUMENT # N48961 (9)

1. Corporation Name
DESIGN YOUR LIFE, INC.

Principal Place of Business	Mailing Address
15094 72ND DR., NORTH PALM BEACH GARDENS FL 33418	15094 72ND DR., NORTH PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0406062 ☐ 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 Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORBETT, SUSAN
15094 72ND DR., NORTH
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	D	11 TITLE	☑ Change ☐ Addition
NAME	CORBETT, SUSAN	12 NAME	
STREET ADDRESS	115 OCEAN DUNES CIR.	13 STREET ADDRESS	15094 72d DR. N.
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BERTISCH, ROBERT	22 NAME	
STREET ADDRESS	224 DATURA ST. # 301	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PANDULA, HEIDI	32 NAME	
STREET ADDRESS	207 SEAVIEW AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAIRD, JOYCE	42 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SHENKMAN, THEA	52 NAME	
STREET ADDRESS	3450 S. OCEAN BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TANCER, SUSAN	62 NAME	
STREET ADDRESS	339B ROYAL POINCIANA PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Corbett 7/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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