FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 07/24/1995

2. Principal Place of Business	2a. Mailing Address
21 8541 W. BOCA GLADES	26 8541 W BOCA GLADES
Suite, Apt. #, etc. 22 SUITE B	Suite, Apt. #, etc. 27 SUITE B
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip / Country 24 33434 / 25 USA	Zip / Country 29 33434 / 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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: SUSAN CORBETT
82 Street Address (P.O. Box Number is Not Acceptable): 8541 W. BOCA GLADES, SU B
83
84 City: BOCA RATON FL 85 Zip Code: 33434

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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORBETT, SUSAN		1.2 NAME		
STREET ADDRESS	15094 72ND DR N		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERTISCH, ROBERT		2.2 NAME		
STREET ADDRESS	224 DATURA ST. # 301		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PANDULA, HEIDI		3.2 NAME		
STREET ADDRESS	207 SEAVIEW AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAIRD, JOYCE		4.2 NAME		
STREET ADDRESS	1201 AUSTRALIAN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHENKMAN, THEA		5.2 NAME		
STREET ADDRESS	3450 S. OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TANCER, SUSAN		6.2 NAME		
STREET ADDRESS	339B ROYAL POINCIANA PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 Director 4/29/96 407-582-1784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #