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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48961** (9)

1. Corporation Name

DESIGN YOUR LIFE, INC.



Principal Place of Business	Mailing Address
8541 W BOCA GLADE SUITE B BOCA RATON FL 33434 US	8541 W BOCA GLADES SUITE B BOCA RATON FL 33434-4042 US

3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0406062	Applied For ☐ Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSAN CORBETT
8541 W BOCA GLADES
SUITE 3
BOCA RATON FL 33434

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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	LAIRD, JOYCE	3.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHENKMAN, THEA	4.2 NAME	
STREET ADDRESS	3450 S. OCEAN BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL 33480	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TANCER, SUSAN	5.2 NAME	
STREET ADDRESS	339B ROYAL POINCIANA PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL 33480	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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* **4/7/97** **561-883-1784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042162

CR2E037 (9/96)