

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 417502 (2)
1. Corporation Name
FLORIDA LIFESTYLE MANAGEMENT COMPANY

Principal Place of Business
1904 CLUBHOUSE DR
SUN CITY CENTER FL 33573

Mailing Address
1904 CLUBHOUSE DR
SUN CITY CENTER FL 33573

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. State, Apt. #, etc.
28. City & State
29. Zip
30. Country
g. Name and Address of Current Registered Agent

GREENE, ROBERT E
C/O FLM
1904 CLUBHOUSE DR
SUN CITY CENTER FL 33573

11. Pursuant to the provisions of Section 607.04(1), Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office to the following address: 1904 Clubhouse Drive, Sun City Center, Florida 33573. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent from this date until I am relieved of the duties and Section 607.04(5), Florida Statutes.

SIGNATURE: _____ DATE: _____
OFFICER AND DIRECTORS: _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS: _____

12. OFFICER AND DIRECTORS
1. NAME: VST
2. NAME: FLINN, MILTON G
3. NAME: 2020 CLUBHOUSE DR.
4. NAME: SUN CITY CENTER FL 33573
5. NAME: P
6. NAME: GREEN, ROBERT E
7. NAME: 2020 CLUBHOUSE DR.
8. NAME: SUNCITY CENTER FL 33573
9. NAME: SVC
10. NAME: DIETZ, JAMES
11. NAME: 2020 CLUBHOUSE DR
12. NAME: SUN CITY CENTER FL
13. NAME: DCC
14. NAME: ACKERMAN, DON E
15. NAME: 2020 CLUBHOUSE DR.
16. NAME: SUN CITY CENTER FL 33573
17. NAME: D
18. NAME: HOFFMAN, ALFRED JR
19. NAME: 2020 CLUBHOUSE DR.
20. NAME: SUN CITY CENTER FL 33573
21. NAME: D
22. NAME: PETER, LESLIE E
23. NAME: 2020 CLUB HOUSE DR.
24. NAME: SUN CITY CENTER FL 33573

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS
1. NAME: GREENE
2. NAME: GREENE
3. NAME: GREENE
4. NAME: GREENE
5. NAME: GREENE
6. NAME: GREENE
7. NAME: GREENE
8. NAME: GREENE
9. NAME: GREENE
10. NAME: GREENE
11. NAME: GREENE
12. NAME: GREENE
13. NAME: GREENE
14. NAME: GREENE
15. NAME: GREENE
16. NAME: GREENE
17. NAME: GREENE
18. NAME: GREENE
19. NAME: GREENE
20. NAME: GREENE
21. NAME: GREENE
22. NAME: GREENE
23. NAME: GREENE
24. NAME: GREENE
25. NAME: GREENE
26. NAME: GREENE
27. NAME: GREENE
28. NAME: GREENE
29. NAME: GREENE
30. NAME: GREENE
31. NAME: GREENE
32. NAME: GREENE
33. NAME: GREENE
34. NAME: GREENE
35. NAME: GREENE
36. NAME: GREENE
37. NAME: GREENE
38. NAME: GREENE
39. NAME: GREENE
40. NAME: GREENE
41. NAME: GREENE
42. NAME: GREENE
43. NAME: GREENE
44. NAME: GREENE
45. NAME: GREENE
46. NAME: GREENE
47. NAME: GREENE
48. NAME: GREENE
49. NAME: GREENE
50. NAME: GREENE
51. NAME: GREENE
52. NAME: GREENE
53. NAME: GREENE
54. NAME: GREENE
55. NAME: GREENE
56. NAME: GREENE
57. NAME: GREENE
58. NAME: GREENE
59. NAME: GREENE
60. NAME: GREENE
61. NAME: GREENE
62. NAME: GREENE
63. NAME: GREENE
64. NAME: GREENE
65. NAME: GREENE
66. NAME: GREENE
67. NAME: GREENE
68. NAME: GREENE
69. NAME: GREENE
70. NAME: GREENE
71. NAME: GREENE
72. NAME: GREENE
73. NAME: GREENE
74. NAME: GREENE
75. NAME: GREENE
76. NAME: GREENE
77. NAME: GREENE
78. NAME: GREENE
79. NAME: GREENE
80. NAME: GREENE
81. NAME: GREENE
82. NAME: GREENE
83. NAME: GREENE
84. NAME: GREENE
85. NAME: GREENE
86. NAME: GREENE
87. NAME: GREENE
88. NAME: GREENE
89. NAME: GREENE
90. NAME: GREENE
91. NAME: GREENE
92. NAME: GREENE
93. NAME: GREENE
94. NAME: GREENE
95. NAME: GREENE
96. NAME: GREENE
97. NAME: GREENE
98. NAME: GREENE
99. NAME: GREENE
100. NAME: GREENE

14. I hereby certify that the information supplied by this filing is true, correct and complete 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 of the State of Florida, and that my name appears in Block 12 of this filing, and that I am not a resident of the State of Florida.

SIGNATURE: _____ DATE: 2/10/98 (113)634-5548

FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1973
4. FEE Number: 59-1505694
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: [X] Yes [] No
10. Name and Address of New Registered Agent

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

CR2E034 (10/97)