FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 13 AM 11:38

DOCUMENT # 583190 (4)

1. Corporation Name
WAYLIFE PROPERTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 50607 FT. MYERS FL 33905-0607	P.O. BOX 50607 FT. MYERS FL 33905-0607

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 206 UTAH AVE.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. MYERS, FL.	City & State 28
Zip / Country 24 33905 / 25 U.S.A.	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/17/1978
3a. Date of Last Report: 01/05/1994
4. FEI Number: 59-1845221 ☐ 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

GUIRGUIS, MARGARET
206 UTAH AVE.
FT. MYERS FL 33905

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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT / C.E.O.	☒ Change ☐ Addition
NAME	GUIRGUIS, MARGARET	1.2 NAME	MARGARET GUIRGUIS	
STREET ADDRESS	206 UTAH AVE.	1.3 STREET ADDRESS	206 UTAH AVE.	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	
TITLE	D	2.1 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	HILTON, MONA G.	2.2 NAME	MONA G. HILTON	
STREET ADDRESS	206 UTAH AVE.	2.3 STREET ADDRESS	206 UTAH AVE.	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	
TITLE	D	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GUIRGUIS, SAMUEL	3.2 NAME	SAMUEL GUIRGUIS	
STREET ADDRESS	206 UTAH AVE.	3.3 STREET ADDRESS	620 SUNNYSIDE CIRCUIT	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE		4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME	TODD A. HILTON	
STREET ADDRESS		4.3 STREET ADDRESS	206 UTAH AVE.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. MYERS, FL 33905	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Guirguis Margaret Guirguis 2/7/95 (813) 693-7428
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0440040 FP