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

APPROVED AND FILED

95 APR 24 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **624073** **(3)**

1. Corporation Name
LIFESTYLE ONE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O MARVIN GURMAN ~~610 NE 25 AVE~~ ~~HALLANDALE FL 33009~~ ✓	P.O. BOX 630845 NO. MIAMI BEACH FL 33163 US

3. Date Incorporated or Qualified: 06/06/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 2910 POINT EAST DR.
Suite, Apt. #, etc. — 22: #301
City & State — 23: MIAMI FL.
Zip — 24: 33160 — Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: — Country — 30:

4. FEI Number: 59-2193972 ☐ 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	10. Name and Address of New Registered Agent
GURMAN, MARVIN ~~610 NE 25TH AVE~~ ~~HALLANDALE FL 33009~~	81 Name: MARVIN GURMAN 82 Street Address (P.O. Box Number is Not Acceptable): 2910 POINT EAST DR. #301 83: 84 City: MIAMI FL 85 Zip Code: 33160

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: X Marvin Gurman (SAME) DATE: 4-18-95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GURMAN, MARVIN	1.2 NAME	
STREET ADDRESS	610 NE 25TH AVE	1.3 STREET ADDRESS	2910 POINT EAST DR. #301
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	MIAMI FL. 33160
TITLE	TSV	2.1 TITLE	☐ Change ☐ Addition
NAME	GURMAN, MARVIN	2.2 NAME	
STREET ADDRESS	610 NE 25TH AVE	2.3 STREET ADDRESS	2910 POINT EAST DR. #301
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	MIAMI FL. 33160
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: Marvin Gurman PRES. 4/18/95 (305) 931-6216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
MARVIN GURMAN

045077 FP