FILED

99 APR 30 PN 4: 19



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000001557

1. Corporatio	COURT LIFESTYLES, INC.	J00155 <i>7</i>			YILL MALET BEARA LIAT	
Principal Place of Business Mailing Address					ומש ונושה ונושה וווסס וווום שוושי סווה הפווסטו ו	ija dalda 1900) dilah dilah kada 100)
2650 NORTH MILITARY TRAIL SUITE 350 2650 NORTH MILITARY TO BOCA RATON FL 33431 BOCA RATON FL 33431				350		
Suite, Apt City & Stat Zip Zip	Country 25 9. Name and Address of Curre			alty 81 Name	3. Date Incorporated or Qualified 03/27/1996 4. FET Number 22-3423087 5. Certificate of Status Desired [] 6. Effection Campaign Financing Trust Fund Contribution 8. This corporation owes the current year if Personal Property Tax 10. Name and Address of New Registere	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ntangible [] Yes [] No
1406 TALL	IONAL CORPORATE RESEARCI B HAYS STREET, SUITE #2 .AHASSEE FL 32301			82 Street Add 83 City	dress (P.O. Box Number is Not Acceptable)	L 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig Signature bred or provided hand of registered age	Mil			rporation submits this statement for the purpose it from a board of directors. Thereby accept the application is board of directors. Thereby accept the applications are supplied to the purpose of the p	of changing its registered ointment as registered
12.		ND DIRECTORS	I 13.	garaga a ta ta ta	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	[] DELETE		e		[]Change []Addition
NAME	LUCIANI, JOHN W		1.2 NA!	ą:	20000287	035261
STREET ADDRESS			13.51	EFT ADDRESS		-01004011
CITY-ST-ZIP	BOCA RATON FL 33431			r-\$t- z)#	***1650.0	
TITLE	VSTD	[] DELETE	2 1 107.	E.		[Change
NAME :	RODIN, BERNARD M		22 NA!	1E		
STREET ADDRESS 2650 NORTH MILITARY TRAIL, SUITE 350			23 STF	EFT ALIDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	r remaining	2 4 C/T 3 1 T/F	y-S1-ZIP		
TITLE		[] DELETE		Í	ń	[Change
NAME			3 2 NA		. h	Ì
STREET ADDRESS				EET ADDRESS	(1, 1)	•
CITY-ST-ZIP	T-ZIP [] DELETE		34 CI*	Y-S1-Z#	7" 10"	[Change [Addition
TITLE				i i	4× 20,9°	f Legands (FAganon
NAME PERCETADOSESS			4 2 NA	i i	Ч	
STREET ADDRESS			1	EFT ADDRESS	1	\$
CITY-ST-ZIP TITLE		[] DELETE	5 1 TiTL	-\$1-Zi ²²		[Change [Addition
NAME :		(15:01)	52 NA	1		

14. I 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 Chaptur 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CMY-ST-ZIP

C/TY-ST-ZIP

TITLE

NAME

[] DELETE

4/28/99 2019477322

[| Change

[_] Addition

CR2E034 (11/98)