SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H77743 (3)

1. Corporation Name
NEW LIFESTYLES, INC.

Principal Place of Business	Mailing Address
5975 W SUNRISE BLVD STE 208A SUNRISE FL 33313 US	5975 W SUNRISE BLVD STE 208A SUNRISE FL 33313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1985
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2590272 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt # etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt # etc 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUAVE, KENNETH L.
5975 W SUNRISE BLVD., STE. 208A
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 (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

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	DELANO, SONDRA
STREET ADDRESS	5975 W SUNRISE BLVD., STE 208A
CITY-ST-ZIP	SUNRISE FL
TITLE	DP
NAME	CUAVE, KENNETH L.
STREET ADDRESS	5975 W SUNRISE BLVD, STE. 208A
CITY-ST-ZIP	SUNRISE FL

13.

		Change	Addition
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
6 TITLE / NAME / STREET ADDRESS / 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: Ken Cuave — 6/30/95 — 305/797-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ken Cuave

CR2E034 (3/95)

0074375 CP