

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

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H77743** (3)

1. Corporation Name
NEW LIFESTYLES, INC.



Principal Place of Business 5975 W SUNRISE BLVD STE 208A SUNRISE FL 33313 US	Mailing Address 5975 W SUNRISE BLVD STE 208A SUNRISE FL 33313-6800 US
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3. Date Incorporated or Qualified 09/19/1985	3a. Date of Last Report 05/31/1996
4. FEI Number 59-2590272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1210 Gateway Suite, Apt. #, etc. 22 Suite 12 City & State 23 Lake Park, FL Zip 24 33403	2a. Mailing Address 26 507 Fairmont Ave Suite, Apt. #, etc. 27 B2 City & State 28 Winchester VA Zip 29 22601 Country 30 US
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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 Cuave, Kenneth L. 82 Street Address (P.O. Box Number is Not Acceptable) 507 Fairmont Ave 1210 Gateway 83 Suite 12 84 City Lake Park Lake Park FL 85 Zip Code 33403
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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 *Kenneth Cuave* **Kenneth Cuave** DATE **4/14/97**
Signature, name and 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 NAME STREET ADDRESS CITY-ST-ZIP	STD DELANO, SONDR 5975 W SUNRISE BLVD., STE 208A SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STD Delano, Sondra 507 Fairmont Ave Winchester, VA 22601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUAVE, KENNETH L. 5975 W SUNRISE BLVD, STE. 208A SUNRISE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DP Cuave, Kenneth L 507 Fairmont Ave Winchester, VA 22601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: *Kenneth L. Cuave* **Kenneth L. Cuave** DATE **4/14/97** 540/722-4521
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)