

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K81700 (2)
1. Corporation Name
LIFESTYLE BUILDERS OF NORTHWEST FLORIDA, INC.



Principal Place of Business %ROB BLUE, JR. 221 MCKENZIE AVE PANAMA CITY FL 32401-3128	Mailing Address %ROB BLUE, JR. 221 MCKENZIE AVE PANAMA CITY FL 32401-3128
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 9124 27 Suite, Apt. #, etc. 28 PANAMA CITY BCH, FL. 29 Zip 32417 30 Country BAY		3. Date Incorporated or Qualified 04/17/1989	
				4. FEI Number 59-2842534	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

BLUE, ROB JR
221 MCKENZIE AVE
PANAMA CITY FL 32402

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 04-13-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GOREE, ROBERT	1.2 NAME	
STREET ADDRESS	105 NAUTICAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	GOREE, REGINA	2.2 NAME	
STREET ADDRESS	105 NAUTICAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CTY BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GOREE, SHARON	3.2 NAME	
STREET ADDRESS	7837 BALLINSHIRE DRIVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS ID	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	COLLETT, MICHEL	4.2 NAME	
STREET ADDRESS	124 CASA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: REGINA GOREE

04-13-98

CR2E034 (10/97)