

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L43272 (8)
1. Corporation Name
LIFESTYLE FULFILLMENT, INC.



Principal Place of Business Mailing Address
CONCEPT DEVELOPMENT ASSOCIATES OF MARYLAND CONCEPT DEVELOPMENT ASSOCIATES OF MARYLAND
63 ORANGE STREET 63 ORANGE STREET
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1990		3a. Date of Last Report 04/01/1996	
4. FEI Number 59-2990711		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 2155 Old Moultrie Rd Suite, Apt. #, etc. 22 Suite A City & State 23 ST. Augustine, FL Zip 24 32086		2a. Mailing Address 26 2155 Old Moultrie Rd Suite, Apt. #, etc. 27 Suite A City & State 28 ST. AUGUSTINE, FL Zip 29 32086 Country 30 ST. Johns	
9. Name and Address of Current Registered Agent CONCEPT DEVELOPMENT ASSOC. OF MARYLAND 63 ORANGE STREET ST. AUGUSTINE FL 32084		10. Name and Address of New Registered Agent 81 Name Concept Development Assoc. of MD 82 Street Address (P.O. Box Number is Not Acceptable) 2155 Old Moultrie Rd Suite A 83 84 City ST. AUGUSTINE FL 85 Zip Code 32086	

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

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	22 WATER STREET	1.2 NAME	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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

Signature, typed, printed name of registered agent and title if applicable
CRAIG S. BARZSO 9/8/97 904 794-7078

CR2E034 (4/97)