FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mort

Secretary of Stire DIVISION OF CORPORATIONS

1996

SIGNATURE:

L66145

(8)

DOCUMENT #
1. Corporation Name FLORIDA LIFESTYLES REALTY, INC.

| Principal Place | of Business | Mailing Address | İ | | | | |
|--|--------------------------------------|--|---|--|---|-----------------------------------|--------------------|
| 125 WORTH AVE. SUITE 113 PALM BEACH FL 33480 | | 125 WORTH AVE. SUITE 113 | | | | | |
| | | PALM BEACH FL 33480 | | 3. Date Incorporated or Quarried 3a. Date of Last F 04/16/1990 03/27/199 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FET Number 65-0201001 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc | | | 5. Certificate of Status Desired | \$8.7 | 75 Additional |
| 22 | | 27 | | | 5. Certificate of Startis Desired | | e Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | .00 May Be | |
| 23 | | 28 | Country | | 8. This corporation has liability for i | Auc | ded to Fees |
| Ζ(ρ 24 | Country 25 | Ζφ 29 | 30 | | Florida Statutes Yes | No | 3 100.001, |
| 4 | 9. Name and Address of Curr | | | | 10. Name and Address of New R | egistered Agent | |
| | | | 81 | Name | | | |
| BLAIS, JO | | 82 | Street Add | odress (P.O. Box Number is Not Acceptable) | | | |
| 1191 CO | | | | | | | |
| SINGER I | ISLAND, 33404 | | 83 | | | | |
| | | | 84 | City | | FL 85 | Zip Code |
| | | 00 1002 4500 Florido Picto | too the et ove n | amad cours | ration submits this statement for the pur ird of directors. Thereby accept the appr | coose of chancino it | s registered offic |
| 12. | | ent and their applicative AND DIRECTORS | 13. | Symptotic person | ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIFIEC Chang | |
| TITLE | BLAIS, JOAN 125 WORTH AVENUE STE 113 | | 1.2 NAME 1.3 STREET ADDRESS | | | | |
| NAME STREET ADDRESS | | | | | | | |
| CHTY-ST-ZIP | PALM BEACH, FL 33480 | | 14 CHY-ST-71F | | | | |
| TITLE | | | 2 1 THEF | | | ☐ Chang | ge 🔲 Addition |
| NAME | | | 2.2 NAME | ļ | | | |
| STREET ADDRESS | | | 2 3 STREF1 | | | | |
| CITY-ST-ZIP | DELETE | | 24 C/TY - ST - 7.F* 3 1 TITLE | | | Chang | ge [] Addition |
| TITLE | | | 3 2 NAME | | | | ,- 23 |
| NAME STREET ADDRESS | | | 33 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3 4 CITY - S | | | | |
| TITLE | | ☐ DELEJE | 4 1 1111.6 | | | ☐ Chanç | ge 🔲 Addition |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-S1-ZIP | | | 4 4 C(1Y - S | 1 ZIP | | Chang | ge 🗍 Addition |
| TITLE | | ☐ DELETE | 5 1 T·ILF | 1 | | | jo zasion |
| NAME | | | 5.2 NAME 5.3 STHELT | ADDRESS | | | |
| STREET ADDRESS | | | 5 4 CHY - S | | | | |
| CITY - ST - ZIP | DELETE | | 6 1 TIFLE | | | [Chang | ge 🔲 Add-tion |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADOPESS | | | |
| CITY OF THE | | | 6 4 CHY - 9 | 1 - 216 | | CASTOUR TELEVISION | at Ann F mates |
| 14. I do hereb certify that | | nqual report or supplemental ar rooration or the receiver or trus | imished and doc nnual report is tru tee emp-wered | s not qualify | for the exemption stated in Section 119 rate and that my signature shall have the nis report as required by Chapter 607, F | | |

TOAN BLAIS, PRES 1-16-96 (407) 655-5959