

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 007 ****61.25

DOCUMENT # **N98000006207**

1. Corporation Name

ART OF LIVING, INC.

Principal Place of Business
1350 EAST SUNRISE BLVD.
SUITE 121
FORT LAUDERDALE FL 33304

Mailing Address
1350 EAST SUNRISE BLVD.
SUITE 121
FORT LAUDERDALE FL 33304



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1998

4. FEI Number

65-0875709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AQEEL, KAMEELAH
1350 EAST SUNRISE BLVD.
SUITE 121
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RUPP, SANDY**
STREET ADDRESS **2323 S.E. 28TH ST SUITE 8**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ DELETE
NAME **CHILDS, JOAN**
STREET ADDRESS **2500 E HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ DELETE
NAME **DEMEHICI, JOHN**
STREET ADDRESS **8002 NORTHWEST 10 STREET**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☐ DELETE
NAME **FRIED, STEVEN**
STREET ADDRESS **19501 BISCAYNE BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **D** ☐ DELETE
NAME **MILLER, BRENDA**
STREET ADDRESS **1001 SOUTHEAST 12TH AVENUE**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAMEELAH AQEEL

Date

09/06/99

Daytime Phone #

954 7607743

CR2E037 (5/99)