FII	E	NOW:	FJLING-FEE	AFTER M	AY 1ST	IS	\$550.00
1 12		11011.	I JENION EE	71 ILIX III	AI IVI	10	<b>4330.00</b>

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

FILED

	1999	DIVISION OF CO	DRPORATI	IONS			
DOCU	MENT # P3490	0	99 APR 30 PM 1: 20				
I. Corporation	on realite		SECRETARY OF STATE				
GHAND	COURT LIFESTYLES PAY	ROLL CORP.	ALLAMASSEE EL ORDA				
					L DANGTOON CHA TOWN STRING TARTE BARNET BLANT DIGHT DY HE BLANT DIGHT DI		
Principal Plac	ce of Business	Mailing Address			L CORLIGOR SEO NUMBER LONG OBSIL OBSIL DIGIT		
2650 N. MILITA		2650 N. MILITARY TRAIL					
SUITE 350		SUITE 350					
BOCA RATON FL 33431		BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					08/01/1991		
2. Principal F	Place of Business	2a, Mailing Address			4, FET Number Applied For		
21		26			65-0278950 Not Applicable		
Suite, Apt	.#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired [ ] \$8.75 Additional		
22		27 Cit. 8 Stole			Fee Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30	1.1		Personal Property Tax [ IYes [ INo		
	9. Name and Address of Curr		] ,	,	10. Name and Address of New Registered Agent		
001	NACIATION INFORMATION OF	MACEC NIC	81	Name			
	r <b>poration i</b> nformation sei 1 <b>Hayes stre</b> et	AVICES, INC.	82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32301						
Inc	Da Mooce i'e ozooi		83				
			84	City	85 Zip Code		
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statutes	the above	named cod	poration submits this statement for the purpose of changing its registered		
office or	registered agent, or both, in the Stat	e of Florida Such change was auth	orized by	the corporati	ion's board of directors. Thereby accept the appointment as registered.		
	////	gangs or, section 607.0505, Florida	a Statutes.		4/18/96		
SIGNATURE	Signature, typed or crinted name or registered to	gent and title if applicable (NOTE, Re	girtered Agen	I sopratore to post	of when two datings		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	[   DELETE	F111(F		[   Change   [   Addition		
NAME	LUCIANI, JOHN 2650 N MILITARY TRAIL		12 NAME	*******			
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL		13 STREET 14 City-ST	1			
TITLE	VST	[] DELETE	2.1 DT.F	711.	[   Change   [ ] Addition		
NAME	RODIN, BERNARD M.		2.2 NAME		e0000287036621		
STREET ADDRESS			23 STREE?	ADDRESS	-05/11/9901004011		
CITY-ST-ZIP	BOCA RATON FL	ļ	2.4 CHY-51	T- <b>7</b> IP	***1650.00 ****150.00		
TITLE	D	E. I DELETE	3.1 THUE		[ ] Change [ ] Addition		
NAME	RODIN, BERNARD M.		32 NAME		$l = l \cdot l \cdot l$		
STREET ADDRESS			3.3 STREE!		JV "",		
CITY-ST-ZIP	BOCA RATON FL	("I broese	34 CFY-\$1	I-Z-P	1, W		
TITLE	V AAROLAAN JOLINI III	["] DELETE	4 1 1 I I L F	ĺ	J\ \frac{1}{3} [   Change   [   Addition		
NAME STREET ANYOICS	LUCIANI, JOHN, III 2650 N MILITARY TRAIL		4 2 NAVL 4 3 STREET	Annocce	,		
\$TREET ADDRESS CITY-ST-ZIP	BOCA RATON FL		4.3 STREET	Į.			
TITLE	V	[ ] DELETE	5 TITLE	- E if	[   Change		
NAME	LUCIANI, DORIAN		5.2 NAME				
STREET ADDRESS	)		53STREET	ADDRESS	}		
CITY-ST-ZIP	BOCA RATON FL	<b> </b>	54 City-St	· Ziři			
TITLE		[J D€LETÆ	6 TITLE		[   Change   [ ] Addition		
NAME			6.2 NAME				
STREET ADDRESS			€3\$TKELT	1	1		
OTY-\$1,70	I		64 CITY-ST	- <b>2</b> IP			

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 logal 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 697. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE:** 

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 201-947-7322