

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMMIE B. MORTIMER
GOVERNOR OF FLORIDA
TALLAHASSEE, FLORIDA 32304-0001

APPROVED

DOCUMENT # P92000003051 (9)

1. Corporation Name

BASIC LIFESTYLE PRODUCTS, INC.

20665 LYONS RD.

BOCA RATON, FLORIDA

Principal Place of Business
**20665 LYONS RD.
BOCA RATON FL 33434**

Mailings Address
**20665 LYONS RD.
BOCA RATON FL 33434**

(Do not write in this space)

3. Date of Organization of Corporation 11/09/1992	3a. Date of Last Report 05/01/1994
4. FID Number 65-0413236	Applied For Not Applied For
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation is in compliance with the provisions of Chapter 41, F.S. 41.01 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State of Incorporation 22	State of Mailing Address 27
City & State 23	City & State 28
Zip 24	Zip 29

9. Name and Address of Current Registered Agent

**IVLER, J. GEORGE
20665 LYONS RD, A-1, A-2
BOCA RATON FL 33434-3947**

10. Name and Address of New Registered Agent

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL

11. Pursuant to the provisions of sections 41.01 and 41.02, 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 provisions of Chapter 41, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME DP IVLER, J G	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
STREET ADDRESS 5849 N.W. 21ST AVE. BOCA RATON FL 33496		STREET ADDRESS	
CITY & STATE TS IVLER, ENID S		CITY & STATE	
STREET ADDRESS 5849 N.W. 21ST AVE. BOCA RATON FL 33496		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is a complete, accurate, and correct statement of the corporation's status in Florida. I further certify that the information is true and correct to the best of my knowledge and belief, 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 registered agent or person authorized to execute this report as required by Chapter 41, Florida Statutes, and that my signature appears on Block 13, or Block 12, as appropriate, in an attachment with this filing.

SIGNATURE:

J. George Ivler
J. George Ivler
4/27/95 407-852-9200