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95 MAY -1 AM 9:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P93000036780 (3)

1. Corporation Name
LIFESTYLES CONDOS OF THE WORLD, INC.

Principal Place of Business Mailing Address

**400 MONTGOMERY RD.
SUITE 141
ALTAMONTE SPRINGS FL 32714**

**195 WEKIVA SPRINGS RD
STE 100
LONGWOOD FL 32779
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **195 WEKIVA SPRINGS RD** 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

22 **100** 27

23 City & State 28 City & State

23 **LONGWOOD, FL** 28

24 Zip 25 Country 29 Zip 30 Country

24 **32779** 25 **SEMINOLE** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

05/13/1993 **04/12/1994**

4. FEI Number Applied For

59-3180778 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

6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

Yes No

9. Name and Address of Current Registered Agent

**SNOW, JOHN R ESQ
407 WEKIVA SPRINGS RD.
SUITE 229
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City FL B5 Zip Code

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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE P

NAME **YOST, SID**

STREET ADDRESS **195 WEKIVA SPRINGS RD, STE 100**

CITY - ST - ZIP **LONGWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attached report with an addendum.

SIGNATURE: **SIDNEY C. YOST** **4/20/95** **(407) 682-5009**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (Type) (Typed Name)