

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPROVED  
AND  
FILED**

**DOCUMENT # P93000050756 (4)**

95 MAY -1 AM 4:36

**MARY PADLAK'S NURTURING LIFESTYLES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Previous Place of Business		2a. Mailing Address		3. Date of Report	3a. Date of Last Report
P.O. BOX 9 BOYNTON BEACH FL 33435 4447 SUNNY LANE W.P.B., FL. 33406		P.O. BOX 9 BOYNTON BEACH FL 33435 4447 SUNNY LANE W.P.B., FL 33406		07/20/1993	04/26/1994
21. State App # of	26. Mailing Address	4. FLI Number	Applied For		
22. State App # of	27. State App # of	65-0442408	Not Applicable		
23. City, & State	28. City, & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
24. City, & State	29. City, & State	6. Director Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
25. City, & State	30. City, & State	8. This corporation is eligible for adoption by Chapter 1907, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PADLAK, MARY 670 S LAKESIDE DR LAKE WORTH FL 33466 2504 maplewood Dr. W.P.B FL 33415				B1	Name		
				B2	Street Address (P.O. Box Number is Not Applicable)		
				B3			
				B4	City		
				FL	B5	Zip Code	

11. Pursuant to the provisions of Sections 1907 and 1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State. Florida law requires that this statement be approved by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation with which I accept the duties imposed by Chapter 1907, Florida Statutes.

SIGNATURE: *Mary Padlak* 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS OR DIRECTORS, MULTIPLE HOLDINGS	
OFFICER	D PADLAK, MARY P.O. BOX 01 N/A 2504 maplewood Dr BOYNTON BEACH FL 33435 W.P.B, FL 33415	OFFICER	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this report is carefully furnished and does not qualify for the exemption stated in Sections 1907 and 1908, Florida Statutes. Further, I certify that the information indicated on the 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 this corporation or the resident or resident employee to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on the attached schedule with my address.

SIGNATURE: *Mary Padlak* 4/26/95 407-687-9237  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Mary Padlak, President