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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OF



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

| DOCUMENT # | P94000031063 | 101 |
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| DOCCINITION # | 734000031003 | 10 |

| LIFESTYI | | Mailing Address | | | | |
|--|--|--|---|--|------------------------------|---|
| 128 CRESTWOC 1APLES FL 339 | | 428 CRESTWOOD LANG NAPLES FL 34113-8455 | | | | |
| | | | | 3. Date Incorporated or Qualified 04/22/1994 | 3a. Date of L 04/09/19 | |
| R. Principal Pi | lace of Business | 2a. Mailing Address | | 4. FEI Number | 1 01/00/10 | Applied For |
| 1 | MIN | 26 | | 65-0496358 | | Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 1 1 7 | .75 Additional ee Required |
| City & State | е | City & State | | 6. Election Campaign Financing | | .00 May Be |
| 3 | | 28 | | Trust Fund Contribution | | ided to Fees |
| Zφ | Country | Zip | Country | 8. This corporation has liability for | | der s. 199.032, |
| 4] | 25 9. Name and Address of Curre | 29 Pagistered Agent | 30 | Florida Statutes 10. Name and Address of New Ro | Yes No | |
| NICK | (EL, GUDRUN M | and mediatored without | 81 Name | IV. Name and Address of the In | Sisterou Mgont | |
| | STH AVE SOUTH #200 | | 82 Street Add | dress (P.O. Box Number is Not Accepta | hio) | **** |
| | LES FL 33940 | | | Gress (F.O. Box Number is Not Accepta | ole) | |
| | | | 63 | | | |
| | | | 84 City | | 85 | Zip Code |
| | 40.00 | | | | FL °° | |
| n, rursuanti | an executed and the first first | 502 and 607.1508, Florida St | atules, the above-named cor | rporation submits this statement for the | purpose of chang | ing its registered |
| SIGNATURE | | | | rporation submits this statement for the ation's board of directors. I hereby acce | | ing its registered |
| SIGNATURE | Signature, typed or printed name of registered as | | atutes, the above-named cor as authorized by the corpora Florida Statutes. NOTE Registered Agent signature requirements. 13. | | DATE | |
| SIGNATURE | Styrohers, typed or prated name of registered at OFFICERS AI | gent and title 4 applicable. (| NOTE: Registered Agent signature requ | ulted when reinstating) | DATE | CTORS IN 12 |
| SIGNATURE 12. HLE IAME | Signature, lysted of prates ration of registered at OFFICERS AID DOELP, BARBARA | gent and title 4 applicable. (| NOTE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME | ulted when reinstating) | DATE CERS AND DIREC | CTORS IN 12 |
| SIGNATURE 2. HLE MARE TREET ADDRESS | Signature, typed of praice ration of registered at OFFICERS AT D DOELP, BARBARA 428 CRESTWOOD LANE | gent and title 4 applicable. (| 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ulted when reinstating) | DATE CERS AND DIREC | CTORS IN 12 |
| SIGNATURE 12. HLE VAME STREET AUDRESS DITY-ST-ZIP | OFFICERS AID DOELP, BARBARA 428 CRESTWOOD LANE NAPLES FL | gent and title if applicable. (ND DIRECTORS DELETE | NOTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ulted when reinstating) | DATE CERS AND DIREC | CTORS IN 12 ange Addition |
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