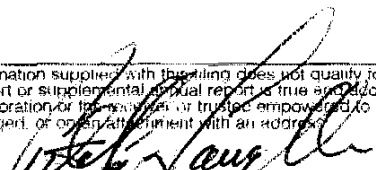


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000038350 (2) 1. Corporation Name LUXURY LIFESTYLES, INC.			
Principal Place of Business 2323 OKOBEE DRIVE SARASOTA FL 34239 US		Mailing Address 2323 OKOBEE DRIVE SARASOTA FL 34239 US	
2. Principal Place of Business 21 2632 PURITAN TER Suite, Apt. #, etc.		2a. Mailing Address 26 2632 PURITAN TER Suite, Apt. #, etc.	
22 City & State 23 SARASOTA FL		27 City & State 28 SARASOTA FL	
24 34239 25 US		29 34239 30 US	
9. Name and Address of Current Registered Agent LAUGHLIN, PETER 2323 OKOBEE DRIVE SARASOTA FL 34239			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (Print or typed name of registered agent and title if applicable) (If not registered agent, signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUGHLIN, PETER 2323 OKOBEE DRIVE SARASOTA FL 34239	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	2632 PURITAN TER SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
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 legal effect as if made under oath, that I am an officer or director of the corporation or the individual or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  1/27/98 9419674662			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1994	
4. FEI Number 65-0500042	Applied For ☐ Not Applicable
5. Certificate or Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

CR2E034 (10/97)