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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045961 (7)

FLORIDA LIFESTYLE VACATION RENTALS, INC.

Principal Place of Business 19713 GULF BLVD.

FILED Jan 28 1998 8:00am Secretary of State



Mailing Address 19713 GULF BLVD. INDIAN SHORES FL 34635 INDIAN SHORES FL 34635 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3251156 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Ζip Country 8. This corporation owes or has paid the current year Intangible Country Zip ☐ Yes □ No Personal Property Tax due June 30. 24 29 30 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRADLEY, ROBERT C 19713 GULF BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) INDIAN SHORES FL 34635 83 84 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE 1.1 TITLE n TITLE BRADLEY, ROBERT C 1.2 NAME NAME 19713 GULF BLVD. 1.3 STREET ADDRESS STREET ADDRESS INDIAN SHORES FL 34635 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP ___ Addition DELETE 4.1 TITLE ☐ Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CiTY - ST - ZIP Change Addition | DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS **/**6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not gualify for indicated on this annual report or supplemental agrued report is true and are officer or director of the corporation or the receiver or trustee emplywere of established 12 or Block 12 or Block 13 if changed, or on an attachment with an address. The exemption states in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my algorithms shall have the same legal effect as if made under oath; that I am an execute this peptid

execute this ep