

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000047353 (5)

1. Corporation Name

GRAND LIFESTYLE, INC.

95 AUG -5 PM 3:17

SECRETARY OF STATE
FLORIDA



Principal Place of Business

Mailing Address

3191 CORAL WAY
115
MIAMI FL 33145
US

3191 CORAL WAY
115
MIAMI FL 33145
US

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRICKS, JANE E
2945 BRIDGEPORT AVE.
UNIT H
MIAMI FL 33133

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

Signature type (a printed name of registered agent and title is applicable)

(NOTE: Registered Agent signature required when required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTV
HENDRICKS, JANE E
2945 BRIDGEPORT AVE. UNIT H
MIAMI FL 33133

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
400001915184
-08/07/96--01043--013
****225.00 ****225.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
HENDRICKS, JANE E
2945 BRIDGEPORT AVE. UNIT H
MIAMI FL 33133

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane E. Hendricks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

305-445-3367

CR2E034 (3/96)

2 of 2

Fax to: 770-455-2660
7-9-96 12:15 p.m.Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>Grand Lifestyle, Inc.</u>		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name <u>Jane E. Hendricks</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>3191 Coral Way #115</u>		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <u>Miami FL 33145</u>		5b City, state, and ZIP code
	6 County and state where principal business is located <u>Dade County Florida</u>		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <u>Jane E. Hendricks</u> <u>078-38-3715</u>		
	8a Type of entity (Check only one box.) (See instructions.)		
<input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) <u>newsletter</u> <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Farmers' cooperative			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State <u>Florida</u> Foreign country _____			
9 Reason for applying (Check only one box.)			
<input type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ <u>keep corporation active with state</u>			
10 Date business started or acquired (Mo., day, year) (See instructions.) <u>July 1, 1996</u>		11 Enter closing month of accounting year. (See instructions.) <u>December</u>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ <u>N/A</u>			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ <u>0</u>			
14 Principal activity (See instructions.) ▶ <u>public information</u>			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____			
17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ <u>Grand Lifestyle Publishing Company</u> Trade name ▶ _____			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN <u>not assigned yet</u> <u>July 8, 1996</u> <u>Miami, FL</u>			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) Name and title (Please type or print clearly.) ▶ <u>Jane E. Hendricks</u> <u>305-445-3367</u>			
Signature ▶ <u>J. Hendricks</u> Date ▶ <u>7-9-96</u>			
Please leave blank ▶ Geo. Ind. Class Size Reason for applying			

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 PAGES = 01
 RESULT = OK