

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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000050942 (9)

1. Corporation Name

AMERICAN LIFESTYLE DEVELOPMENT CORP.

Principal Place of Business

6250 W ATLANTIC AVE  
DELRAY BEACH FL 33484

Mailing Address

6250 W ATLANTIC AVE  
DELRAY BEACH FL 33484-3551



3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

03/08/1996

4. FEI Number

65-0511408

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

YULE, GERALD W  
6250 W ATLANTIC AVE  
DELRAY BEACH FL 33484

9727 Tavernier Dr.  
Boca Raton, FL 33496

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

*Gerald W. Yule*

1/19/97

Signature typed in full name of registered agent and date (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	YULE, GERALD W	9727 Tavernier Dr.	<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS		6250 W ATLANTIC AVE	Boca Raton, FL	
CITY - ST - ZIP		DELRAY BEACH FL	33496	
TITLE	D	NEVILLE, GERALD B		<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS		6250 W ATLANTIC AVE		
CITY - ST - ZIP		DELRAY BEACH FL		
TITLE	D	YULE, MARY LOU	9727 Tavernier Dr.	<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS		6250 W ATLANTIC AVE	Boca Raton FL	
CITY - ST - ZIP		DELRAY BCH FL	33496	
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 receiver or trustee empowered 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:

*Gerald W. Yule*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97

Date

Daytime Phone

561-488-9975

CR2E034 (9/96)