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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000000090** (7)

NOT ON YOUR LIFE, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100110041 LIA 10101 AUTH BELLI BELLI ABILI	1 24 (1) 86(1) 86(14)	ATTE OF IT SPOT	
ONE INDEPENDENT DR P O BOX 59									
SUITE 3000 JACKBONVILLE FL 32202			JACKSONVILLE FL 32201			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	NO OF FICE		
						12/29/1994			
2.	Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I IA	pplied For	
21						59-3305878	Not Applicable		
_	Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional		
22	O ': • • • ·	27				5. Certificate of Status Desired	Fee R	equired	
	City & State	<u>├</u> ─┐ ′			6. Election Campaign Financing		May Be		
23	Zip	Country	Country Zip Cou			Trust Fund Contribution		to Fees	
24	zip	25	 - 1 '	- , '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
241		9. Name and Address of Curre	29 ni Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Register		טאַ ר	
		MISON-JOHNSON, GEORGIETT			81 Name		ou rigotti		
ONE INDEPENDENT OR					WATKINS, HALEY				
SUITE 3000					Address (P.O. Box Number is Not Acceptable) INDEPENDENT SOUARE, SUITE	3000			
JACKSONVILLE FL 32202					83	TRUET ENDERT SOURCE SUTTE	3000		
					24				
					84 City	JACKSONVILLE F	L 85 Zip	Code	
11	Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida State	ites, the at	ove-named	cornoration submits this statement for the nurgos	e of changing it	ts 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								registered	
SIGNATURE CHOILE (). WORTH IN									
Signature: typed or printed anne of registrated agent and title if applicable (NOTE Re 12. OFFICERS AND DIRECTORS					Agent signature	e required when reinstating) DATI]		
112.		P OF ICERS AN	DELETE	13. 1.1 Tri	ıt	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12	
NAA	- 1	FUSILLO, PAUL	oriete	1.2 NA			☐ Ollarige	Addition	
	STREET ADDRESS 440 S HARBOR CITY BLV				reet address				
	-ST-ZIP	MELBOURNE FL			Y+ST-ZIP				
TITL		D	DELETE	2.1 111			Change	Addition	
NAN	rE .	Fusillo, dulcie ann		2.2 NA	MÉ		_		
STR	EET ADDRESS	440 S HARBOR CITY BLVD		2.3 ST	REET ADDRESS				
CITY	-ST-ZIP	MELBOURNE FL		2.4 CI	TY-ST-ZIP				
TITL	E		☐ DELETE	3.1 TIT	LE		Change	Addition	
NAN				3.2 NA					
• · · ·	BET ADDRESS			3.3 ST	REET ADDRESS				
	-ST-ZIP		DELETE		TY-ST-ZIP				
TITL	1		DELETE	4.1 1/7			Change	Addition	
NAV	EET ADDRESS			4. 2 N/					
•					REET ADDRESS				
TITL	-ST-ZIP		DELETE	4.4 CH	Y-ST-ZIP		☐ Change	Addition	
NAN			Las venere	5.2 NA				AUDIOUII	
	ET ADDRESS				REET ADDRESS				
	-ST-ZIP				Y-ST-ZIP				
TITL			DELETE	6.1 717			Change	☐ Addition	
NAM	E			6.2 NA	ME .		_ •		
STAL	ET ADDRESS				REET ADDRESS	1			
	-ST-ZIP				Y-ST-ZIP				

14. Thereby 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 eath; 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 exferse.