

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000012604 (1)

1. Corporation Name

DREAM LIFESTYLES, INC.



Principal Place of Business

Mailing Address

415 SOUTH S'AMBIANCE DRIVE
#C-204
LONGBOAT KEY FL 34228

415 SOUTH S'AMBIANCE DRIVE
#C-204
LONGBOAT KEY FL 34228

2. Principal Place of Business

2a. Mailing Address

21 415 SOUTH L'AMBIANCE DRIVE
22 Suite, Apt. #, etc.

26 415 SOUTH L'AMBIANCE DRIVE
27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DUNHAM, JOHN R III
415 SOUTH S'AMBIANCE DRIVE
#C-204
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

This is the 1st Report

4. FEI Number

65-0577780

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

415 SOUTH L'AMBIANCE DRIVE

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

DIRECTOR JOHN RAYMOND DUNHAM, III 415 S. L'AMBIANCE DR. #C 204 LONGBOAT KEY, FL 34228	☐ Change ☒ Addition
DIRECTOR HARRIS B. WILLIAMS, JR. 564 BEACH ROAD SIBTA KEY, FL 34242	☐ Change ☒ Addition
PRESIDENT JOHN RAYMOND DUNHAM, III 415 S. L'AMBIANCE DR. #C 204 LONGBOAT KEY, FL 34228	☐ Change ☒ Addition
SECRETARY JOHN RAYMOND DUNHAM, III 415 S. L'AMBIANCE DR. #C 204 LONGBOAT KEY, FL 34228	☐ Change ☒ Addition
VIC PRESIDENT HARRIS B. WILLIAMS, JR. 564 BEACH ROAD SIBTA KEY, FL 34242	☐ Change ☒ Addition
TREASURER HARRIS B. WILLIAMS, JR. 564 BEACH ROAD SIBTA KEY, FL 34242	☐ Change ☒ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Raymond Dunham, III, Pres Director 1/22/96 941-955-0804

CR2E034 (12/95)