PROFIT CORPORATION ANNUAL REPORT

1995

DOCUMENT #

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

P95000026594

Lifestyles Exchange Services, Inc.

FILED
96 SEP 23 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

931 Wekiva Springs Rd., Longwood, FL 32779

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified | Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip | Country
29 | 30

FEI Number
59-3308237
[ ] Applied For
[ ] Not Applicable

[ ] Certificate of Status Desired
$8.75 Additional Fee Required

[ ]
$5.00 May Be Added to Fees

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

Name and Address of Current Registered Agent

John R. Snow
931 Wekiva Springs Rd.
Longwood, FL 32779

Name and Address of New Registered Agent

01 Name
02 (P.O. Box Number is Not Acceptable)
03
04 City | FL | 05 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.0505, 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
8/15/96
Date

OFFICERS AND DIRECTORS

John R. Snow Secretary
931 Wekiva Springs Rd.
Longwood, FL 32779
Sidney Yost President
931 Wekiva Springs Rd.
Longwood, FL 32779

[ ] Change [ ] Addition

100001973671--8
-10/15/96--01051--010
****225.00 ****225.00

mwB
10-9-96

I hereby certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed or added above.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney Yost, President, 8/13/96 4677880061
Title | Date | Daytime Phone #

CR2E034 (3/95)