

PROFIT CORPORATION
ANNUAL REPORT

1995

DOCUMENT #



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
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
File 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	

2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	Country	Country
24. Country	25. Country	29. Country	30. Country

Name and Address of Current Registered Agent

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

Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. P.O. Box Number (if Not Acceptable)	
B3. City	
B4. State	

I, the undersigned, being a resident of this state, do hereby certify that the above-named corporation is duly organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *John R. Snow* Date: 8/13/96

OFFICERS AND DIRECTORS		1. NAME		2. ADDRESS		3. CITY, STATE, ZIP		4. PHONE	
John R. Snow Secretary		12 NAME		12 ADDRESS		12 CITY, STATE, ZIP		12 PHONE	
931 Wekiva Springs Rd.		13 NAME		13 ADDRESS		13 CITY, STATE, ZIP		13 PHONE	
Longwood, FL 32779		14 NAME		14 ADDRESS		14 CITY, STATE, ZIP		14 PHONE	
Sidney Yost President		15 NAME		15 ADDRESS		15 CITY, STATE, ZIP		15 PHONE	
931 Wekiva Springs Rd.		16 NAME		16 ADDRESS		16 CITY, STATE, ZIP		16 PHONE	
Longwood, FL 32779		17 NAME		17 ADDRESS		17 CITY, STATE, ZIP		17 PHONE	
		18 NAME		18 ADDRESS		18 CITY, STATE, ZIP		18 PHONE	
		19 NAME		19 ADDRESS		19 CITY, STATE, ZIP		19 PHONE	
		20 NAME		20 ADDRESS		20 CITY, STATE, ZIP		20 PHONE	
		21 NAME		21 ADDRESS		21 CITY, STATE, ZIP		21 PHONE	
		22 NAME		22 ADDRESS		22 CITY, STATE, ZIP		22 PHONE	
		23 NAME		23 ADDRESS		23 CITY, STATE, ZIP		23 PHONE	
		24 NAME		24 ADDRESS		24 CITY, STATE, ZIP		24 PHONE	
		25 NAME		25 ADDRESS		25 CITY, STATE, ZIP		25 PHONE	
		26 NAME		26 ADDRESS		26 CITY, STATE, ZIP		26 PHONE	
		27 NAME		27 ADDRESS		27 CITY, STATE, ZIP		27 PHONE	
		28 NAME		28 ADDRESS		28 CITY, STATE, ZIP		28 PHONE	
		29 NAME		29 ADDRESS		29 CITY, STATE, ZIP		29 PHONE	
		30 NAME		30 ADDRESS		30 CITY, STATE, ZIP		30 PHONE	

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****225.00 ****225.00

MWB
10-9-96

I hereby certify that the information supplied with this change is voluntarily furnished and does not qualify for the exemption stated in Chapter 199.032, Florida Statutes. I further certify that the information indicated in 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears on Block 12 or Block 13 of this change form on the attached board of directors address.

SIGNATURE: *Sidney Yost* , President, 8/13/96 4677840066

CR2E034 (3/95)