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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500058947

1. Corporation Name
LIFESTYLES AT AMELIA WELLNESS CENTER, INC. P95000058947 (9)

Principal Place of Business 889 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034			Mailing Address 869 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034					DO NOT WRIT			911 I941 P941
	0200772 02007			2 02001			3.	Date Incorporated or Qualified 07/27/1995		<u> </u>	
2. Principal P	lace of Business	2e 26	, Mailing Address				4.	FEI Number 59-3327551		·	oplied For
Suite, Apt. #, etc.		27	Suite, Apt #, etc.				5.	, Certificate of Status Desired			Additional equired
City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country 25	29	7ф	Gour 30	ntry			This corporation owes or has p Personal Property Tax due Jun	e 30. 🏻 👢	Yes [tangible ☑ No
	 Name and Address of Curre 	nt Regi	stered Agent				10.	Name and Address of New R	egistered	Agent	
BR	ANDON, RICHARD L				81	Name					
889 SADLER ROAD SUITE 3				ļ	62	Street Addre	ress (P.O. Box Number is Not Acceptable)				
	RNANDINA BEACH FL 32034			ļ	63						
	_				84	City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stati im familiar with, and accept the oblig	e of Flor	ida. Such change was	authorized	і Бу	the corporati	oratic on's	on submits this statement for the board of directors. I hereby according to the control of the c	purpose o	f changing it sointment as	ts registered registered
SIGNATURE	Signature, typed or punified name of regenered ag	unt and M	truf acutive bild (Mf.	alt : Heavelered	Ane	nt signature require	od who	o reinstation)	DATE		
12,	OFFICERS AN			13.		THE SIGNAL TOOLSTON		ADDITIONS/CHANGES TO OFF		DIRECTOR	25 IN 12
TITLE	P	10 21	DELETE	1.3 TIT	LF			ADDITIONATORIANGEO TO OTT	OLINO AINE	Change	Addition
NAME	BRANDON, RICHARD L			1.2 NA							
STREET ADDRESS	869 SADLER RD SUITE 3			- 4	-	ADDRESS					
	FERNANDINA BEACH FL 321	034		1.4 CIT							
CITY-ST-ZIP	VP		DELETE	2.1 TO		1-21				Change	Addition
NAME	BRANDON, KATHY L			2.2 NAI							
STREET ADDRESS	869 SADLER RD SUITE 3					ADDRESS					
	FERNANDINA BCH FL 32034	l				ſ					
CITY-ST-ZIP TITLE	-8T		DELETE	2. 4 C() 3.1 TiT		11 - 2019				Change	Addition
NAME	CHRISTIANSEN, JACKIE			3.2 NA							
STREET ADDRESS	869 SADLER RD. STE 3					ADDRESS					
CITY-ST-ZIP	FERNANDINA BEACH FL 32	034		3.5 ST							:
TITLE			DELETE	4 1 TH		N - EN				Change	Addition
NAME				4.2 NA	ME						_
STREET ADDRESS						ADDRESS					
CITY-\$T-ZIP				4.4 CIT							
TITLE			DELETE	5.1 TIT						Change	Addition
NAME				5.2 NA	VIE					•	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CIT							
TITLE			DELETE	6.1 TIT						Change	Addition
NAME				6.2 NAI		ĺ				-	
STREET ADDRESS						ADDRESS					
000 40 000											

14. I 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 it chapters or on an attachment with an address.