

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90060 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000058947**

1. Corporation Name
LIFESTYLES AT AMELIA WELLNESS CENTER, INC.



Principal Place of Business 869 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034	Mailing Address 869 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/27/1995	4. FEI Number 59-3327551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
BFANDON, RICHARD L
869 SADLER ROAD
SUITE 3
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ (NOT Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, RICHARD L	
STREET ADDRESS	869 SADLER RD SUITE 3	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRANDON, KATHY L	
STREET ADDRESS	869 SADLER RD SUITE 3	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CHRISTIANSSEN, JACKIE	
STREET ADDRESS	869 SADLER RD. STE 3	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Katherine L Brandon	
1.3 STREET ADDRESS	869 Sadler Road, Suite 3	
1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Catherine A. Radcliffe	
2.3 STREET ADDRESS	869 Sadler Road, Suite 3	
2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jacqueline S Christiansen	
3.3 STREET ADDRESS	869 Sadler Road, Suite 3	
3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tamera H Knight	
4.3 STREET ADDRESS	869 Sadler Road, Suite 3	
4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowerer.

SIGNATURE: *J. Christiansen* Date: **2/19/99** Daytime Phone #: **912 72-92795**

CR2E034 (11/98)